L18000/29471

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COVER LETTER

TO:	Registration Se Division of Cor		•				
		Gooseman Lighting Services	LEC				
SUBJI	ECT:	Name of Lim	ited Liability Company				
The en	closed Articles of	Amendment and fee(s) are sub	mitted for tiling.				
Please	return all correspo	ondence concerning this matter	to the following:				
		Michael A. Gooseman					
		Michael A. Gooseman Lig	Name of Person htting Services LLC				
		1502 Aeropolis Circle	Firm/Company				
	Ococe FL 34761 City/State and Zip Code gogoose@bellsouth.net						
		E-mail address: (to be used for future annual report notification)					
For fur	ther information c	oncerning this matter, please ca	all:				
Michael A. Gooseman			407 718-3370				
	Name o	f Person	at () Area Code Daytin	ne Telephone Number			
Enclos	ed is a check for th	ne following amount:					
\$2.	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
		ING ADDRESS:	STREET/COUR	IER ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Michael A. Gooseman Lighting Services LLC (Name of the Limited Liability Company as it now appears on old records.) A Post (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number L18000129471 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Michael A. Gooseman	1502 Aeropolis Circle Ocoee FL 34761	
		54701	Add
			☐ Remove
			Change
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Effective date, if other than the if an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the D	ist be specific and cannot be prior to	o date of filing or more than !	(optional) 90 days after filing.) Pursuant to 605 ements, this date will not be liste	0207 d as 1
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Filing Fee: \$25.00