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COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: FC	Lighting	ILLC	
	Name of Din	fited Liability Company	
The engineed Assistant 5 Au			
The enclosed Articles of Art		_	
Please return all correspond	ence concerning this matter	to the following:	
	Francisco	GONZALEZ Name of Person	
		Name of Person	
		Firm/Company	
		• •	
	58/ ChiPen	Address	
		Address	
	Lake worth	FL 33462 City/State and Zip Code	
		City/State and Zip Code	
-	F G Lightings	o be used for future annual report notifi	
			cation)
For further information conc	erning this matter, please ca	ill:	
Francisco Ch	uzalez	at (454) 865 - 4	9320
Name of Po	rson	Area Code Daytime	Telephone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

76 Lie	ghting, l	LLC			
(Name of the Limited Liability (A Florida	y Company as it now a Limited Liability Comp	appears on our recoany)	cords.)		
The Articles of Organization for this Limited Liability Co Florida document number <u>L18000156060</u>	ompany were filed o	on June 2	26,2018	_ and assi	gned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ted liability compa	ny here:			
The new name must be distinguishable and contain the words "Limi	ted Liability Company,	"the designation "	LLC" or the abbre	viation "L.I	LC."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDR	ESS)				
			<u>.</u> 	2119 🗄	<u> </u>
Enter new mailing address, if applicable:	-		·	1.	
(Mailing address MAY BE A POST OFFICE BOX)				3 NN 10:	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office addre	ss on our reco	ords, <u>enter the</u>	name)	<u>of the ne</u> v
Name of New Registered Agent:					
New Registered Office Address:	Ent	er Florida street ad	ldress		
			. Florida		
	City			Zip Code	
Name Barbarand Amerika Circumstana Statementan Barbarand					

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Pres	FranciscoChanzalez	587 Chipanyan de Lakeworth Fli	33467 D Add
			Remove
			Change
Ambr_	Francisco Chonzalez		□ Add
			□ Remove
			© Change
<u>mgr</u>	Jasmine M. Gonzalez		□ Add
			Remove
			Change Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			D Add
			Remove
			Change

). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	
	<u> </u>
	
	
	
	
E. Effective date, if other than the date of filing:	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the solution of	the earlier of:
Dated 8-2-19	
Signature of a member or authorized representative of a member	
FRANCISCO CHONZALEZ Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00