

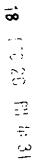
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COVER LETTER

	egistration Section vision of Corporations
SUBJECT	ELUMINATE HOLDINGS COMPANY, LLC Name of Limited Liability Company
The enclose	ed Articles of Amendment and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	PAUL R SANDHU Name of Person
	ELUMINATE HOLDINGS COMPANY, LLC
	731 N US HWY 1
	TEQUESTA, FL 33469 City/State and Zip Code
	PAUL LUMIEREHEALING CENTERS. COM E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
PA	Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$25.00	Filing Fee \$\Bigcup \square \\$30.00 \text{ Filing Fee & Certificate of Status} \Bigcup \\$55.00 \text{ Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \Bigcup \\$60.00 \text{ 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

ELUMINATE HOLDINGS COMPANY, LLC (Name of the Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on _____ 11 1 1 8 _____ and assigned Florida document number L 18000257555 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 City

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.

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

If Changing Registered Agent, Signature of New Registered Agent

No Change

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 Type of Action Address <u>Title</u> <u>Name</u> MARK S. HARTMAN 731 N U.S HWY 1 MADE TEQUESTA FL 33469 MGR _□ Remove ☐ Change YOSSI "JEFF SENDEROWICZ 731 MUS HWY 1 DAdd TEQUESTA, FL 33469 ☐ Remove □ Change _□ Add Remove _ ☐ Change _🖸 Add _□_Řemove □ Change □ Add ☐ Change □ Add ☐ Remove

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reffective date is te: If the date	f other than the listed, the date must inserted in this blo ive date on the De	t be specific and ca ook does not mee	unot be prior to out the applicable	date of filing or m	ore than 90 days aft g requirements, th	tional) er filing.) Pursuant to 605.05 nis date will not be listed
record spec he 90th da	ifies a delayed after the reco	l effective dat ord is filed.	e, but not a	n effective t	ime, at 12:01	a.m. on the earlier
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Filing Fee: \$25.00