118000) 262455

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporation			
subject: <u>A5/a</u>	<u>Name of Light</u>	Advisors, LL ted Liability Company	<u> </u>
The enclosed Articles of Amo	endment and fee(s) are subm	nitted for filing.	
Please return all corresponder	ace concerning this matter to	o the following:	
	Paige,	A. Rausch Name of Person	
-		HY Advisors Firm/Company	
		5 Clevelan	
-	FORY Mye	City/State and Zip Code (e rausch (a gnai) b be used for future annual registratifica	7
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For further information conce			
Paigo Rauge Name of Per	<u>Son</u>	at (<u>339</u>) <u>69/-2</u> Area Code Daytime Te	4321 Elephone Number
Enclosed is a check for the fo	llowing amount:		
\$25.00 Filing Fee	3 \$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

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ___ Florida document number 2/8000 262455 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_being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member			
<u>Title</u> MGR	Name Prige A. Rausch	<u>Address</u> <u>13300 - 4</u> FF MUJU 9	5. Cleveland 6 Turnam 7.7C 33407	Type of Action Add Remove
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Filing Fee: \$25.00