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T. MATTHEWS JUL 22 2022

COVER LETTER

	egistration Se ivision of Cor			
	Lighting Co	ontrol Solutions, LLC		
SUBJECT	:	Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		Luis Gonzalez		
			Name of Person	
		Lighting Control Solutions	5	
			Firm/Company	
		4124 Kivey Dr.		
			Address	
		Lake Worth, FL 33461		
			City/State and Zip Code	
		hisgonzalezles@gmail.con		
For further	information c	E-mail address: (to be used for future annual report all:	notification)
Luis Gonza	alez		561 723-475. at ()	3
-	Name o	f Person	Area Code Da	ytime Telephone Number
Enclosed is	a check for ti	ne following 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)
	ailing Addres		<u>Street Address</u> Registration	
Division of Corporations		Division of (Corporations	
	.O. Box 632 allahassee. I			of Tallahassee nroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION DIVISION OF CORPORATION **OF**

22 MAY 23 AM 10: 05

LIGHTING CONTROL SOLUTIONS, L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited	Liability Compar	v were filed on 12/17/201	8 and assigned
lorida document number L18000288420			
This amendment is submitted to amend the fo			
a. If amending name, enter the new name	of the limited lia	bility company here:	
š/A			
he new name must be distinguishable and contain the	words "Limited Lia	pility Company." the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
 If amending the registered agent and/or gent and/or the new registered office addr 	ess here:	address on our records	enter the name of the new regis
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida stree	et address
			, Florida
		City	Zip Code

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 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>	Name	<u>Address</u>	Type of Action
MGR	Luis D Gonzalez	1088 Grandview Circle	□Add
		Royal Palm Beach	
		FL 33411	
MGR	Carmelo Gonzalez	4124 Kivey Drive	
		Lake Worth	
		F1. 33461	≡ Change
			□Add
		,,	□Remove
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ecord specifies a delayed effectiv is filed.	e date, but not a	m effective ti	me, at 12:01 :	a.m. on the ea	tier of: (b)	The 90th day i	ifter the
May 16th		2022	<u>. </u>				
ر اسمالیک							
Dy.	Signature of a m	ember or autho	orized represen	tative of a mem	ner		•