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## **COVER LETTER**

	ation Section of Corporations			
SWI	TTCHED ON ARCHITECTURAL LIGHTING DESIGN, LLC			
SUBJECT:	Name of Limited Liability Company			
The enclosed Arti	icles of Amendment and fee(s) are submitted for filing.			
Please return all c	correspondence concerning this matter to the following:			
	JODI RONEN			
	Name of Person			
	JG CONSULTING SERVICES, LLC	•		
	Firm/Company			
	5481 WILS RD STE 502			
	Address			
	COCONUT CREEK, FL 33073			
	City/State and Zip Code			
	JODI@ACCU-TAX.TAX			
	E-mail address: (to be used for future annual report notification)			
For further inform	nation concerning this matter, please call:	20 5 5		
JODI RONEN	954 449-9709	20 20		
	Name of Person Area Code Dayfime Telephone Number = 2	2021 DEC -2		
Enclosed is a chec	ck for the following amount:	PH		
■ \$25.00 Filing	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing  Gertificate of Status Certified Copy Certificate of Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	Fee. On Status &		

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## SWITCHED ON ARCHITECTURAL LIGHTING DESIGN, LLC

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

Florida document number L19000057366  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company h SWITCHED ON DESIGN, LLC  The new name must be distinguishable and contain the words "Limited Liability Company," the  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		
A. If amending name, enter the new name of the limited liability company h SWITCHED ON DESIGN, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the Enter new principal offices address, if applicable:		
SWITCHED ON DESIGN, LLC  The new name must be distinguishable and contain the words "Limited Liability Company," the  Enter new principal offices address, if applicable:		
The new name must be distinguishable and contain the words "Limited Liability Company," the  Enter new principal offices address, if applicable:	designation "LLC" or the abbre	
Enter new principal offices address, if applicable:	designation "LLC" or the abbre	
		viation "L.L.C."
(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 ragent and/or the new registered office address here:  Name of New Registered Agent:	ÏALI	2021 DEC
New Registered Office Address:		;
Enter Flo	orida street address 🥏 👸	
<del></del>	, Florida	
Cip New Registered Agent's Signature, if changing Registered Agent:	<u> </u>	の - の - の
I hereby accept the appointment as registered agent and agree to act in this provisions of all statutes relative to the proper and complete performance of accept the obligations of my position as registered agent as provided for in being filed to merely reflect a change in the registered office address. I here company has been notified in writing of this change.	f my duties, and I am fan Chapter 605, F.S. Or, if	niliar with and this document

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
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