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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: PERMITTING SPECIALIST OF FOOD & BEVERAGE INC Account Name

Account Number : I20190000062 Phone : (239)850~9451 Fax Number : (866)929-0535

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Bmail Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **ELECTRIC LIGHT PROPERTIES, LLC**

| Certificate of Status | 0 |
|-----------------------|---------|
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COVER LETTER

| TO: | Registration Division of (| i Section Corporations | | |
|------------------|-------------------------------|---|---|--|
| SUBJE | CT: | ELECTRIC LIGHT P | ROPERTIES, LLC | |
| | | Name of Lin | nited Liability Company | |
| The enc | losed Articles | of Amendment and fee(s) are suit | omitted for filing. | |
| Picaso n | eturn all oones | spondence concerning this metter | to the following: | |
| | | | MICHELLE CHASE | |
| | | | Name of Person | |
| | | PERMIT | TING SPECIALIST FL, LLO | |
| | | | Firm/Company | |
| | | 1306 SE 4 | 46TH LANE, SUITE 1 | |
| | | | Address | |
| | | CAPE CO | ORAL, FL 33904 | |
| | | | City/State and Zip Code | |
| | | TIMMC | COY24@GMAIL.COM | |
| | | E-mail address: (| to be used for future annual report notific | etion) |
| For furth | er information | concerning this matter, please co | all: | |
| MIC | CHELLE C | HASE | 239 \ 850-94 | 51 |
| | Name | of Person | Area Code Daytime 1 | Telephone Number |
| Enclosed | is a check for | the following amount: | | |
| □ \$2 5.6 | 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELECTRIC LIGHT PROPERTIES, LLC

| (Name of the Limited Liab) (A Flori | ity Company as it now appear to Limited Liability Company) | on our records.) | |
|---|---|--|-------------------------|
| The Articles of Organization for this Limited Liability Florida document number | Company were filed on | 4/24/2019 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the lim | ited liability company he | ne; | |
| The new name must be distinguishable and contain the words "Lin | nited Liability Company," the d | erignation "LLC" or the ab | treviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADD | PES9 | | |
| | _ | | |
| From new modifice address to the | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY RE A POST OFFICE BOX) | | | |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: Name of New Registered Agent: | d office address on our re | cords, enter the nam | e of the new resistered |
| New Registered Office Address: | | | ÷ = |
| | Enter Flori | da street address | Can in |
| | | Florida | |
| New Resistered Assent's Signature, if changing Registere | City | | . Zip Code |
| | | | |
| I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change. | omplete performance of t eent as provided for in C | ny duties, and I am fa hanter 605 F.S. Ow i | miliar with and |
| | If Changing Registered Age | t, Shuature of New Regi | stered Agent |

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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

| Title | Name | Address | Type of Action |
|-------------|---|------------------------------|-----------------|
| AMBR | DAN CLAUDE COLLARDEY AS TRUSTEE OF THE DAN | 1000 N COLLIER BLVD, UNIT 10 | |
| | CLAUDE COLLARDEY TRUST DATED 4/28/12 | MARCO ISLAND, FL 34145 | MRemove |
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