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COVER LETTER

| TO: Registration Section Division of Corporations | | |
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| SUBJECT: Love & Light We Name of Limited | 1 Liability Company | |
| The enclosed Articles of Amendment and fee(s) are submit | tted for filing. | |
| Please return all correspondence concerning this matter to | the following: | |
| Erika L | Name of Person | 2019 H. Court |
| | Firm/Company | |
| | Address Ex Road #207 Address Ex Florida 323C City/State and Zip Code Cowilliams - combe used for future annual report notification) | FILED FILED 2019 MAY 30 PM 12: 33 CLUMENT STATES CHARLES STATES CH |
| For further information concerning this matter, please call: | | |
| Erika Williams Name of Person | | ne Number |
| Enclosed is a check for the 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) |
| MAILING ADDRESS: Registration Section Division of Corporations | STREET/COURIER ADI Registration Section Division of Cornorations | DRESS: |

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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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, 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 |
|--------------|----------------|----------------------|--------------------------|
| <u>AMBR</u> | Erika Williams | 1320 Hendix Rd # 207 | |
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| Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. | Note: If the date inserted in this block does not meet the applicable statutory f | (optional) or more than 90 days after filing. Tiling requirements, this date |) Pursuant to 6 | 505.02 isted |
| | the record specifies a delayed effective date, but not an effectiv) The 90th day after the record is filed. | e time, at 12:01 a.m. | on the ear | rlier o |
| the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed. | , | uive of a member | | |

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Filing Fee: \$25.00