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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 Phone : (727)442-1200

Fax Number : (727)443-5829

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

Email Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LED LITE HOLDINGS, LLC

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Audit Fax# H190002933763

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LED LITE HOLDINGS, LLC	'A de la	
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records. nited Liability Company)	1
he Articles of Organization for this Limited Liability Com	nany were filed on 05/29/2019	and assigned
1.19000143515	party vicio mod on	
forida document number L19000143515		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	l liability company here:	
-		201
be new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation [1.] C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	55)	<u> </u>
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		<u>့</u>
2		Ü
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent:	ss here:	
· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	Enter Florida street address	
	Flo	rido
	City	Zip Code
New Registered Agent's Signature, if changing Registered (<u> lgent:</u>	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nd agree to act in this capacity. I fur nplete performance of my duties, an nt as provided for in Chapter 605, I	a I am jamiliar with and F.S. Or, if this document is
	If Changing Registered Agent, Signature o	of New Registered Agent

Page 1 of 3

Audit Fax#H9600393 376 3
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
MGR	FAIRBAIRN FAMILY LIMITED PARTNERSHIP, LLC	3101 FAIRLANE FARMS RD	Ü Add
		STE 4	B Remove
		WELLINGTON, FL 33414	_ Change
MGR	MARCEL FAIRBAIRN	3101 FAIRLANE FARMS ROAD	
		STE 4	Add 299
		WELLINGTON, Ft. 33414	Remove
			Change
			Add
			Change
			DAdd
			Remove
			Change
			
			Change
<u></u>			Add
			Remove
			Change

витепотов и	ny other information, ente	r change(s) here: (A	(uach addisional sh	eets, if necessary.)	Fax# H19600 2933
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Note: If the di	s, if other than the date of us is listed, the date must be specif ate inserted in this black does fective date on the Department	not niect the application	inc of filing or more that a statutory filing requ	n 90 days after filing.) Poircinents, this date wi	ursuant to 605.0207 (3)(b) Il not be listed ws the
te record so The 90th (pecifies a delayed effecti day after the record is fi	ve date, but not a led.	n-effective time,	at 12:01 a.m. on	the earlier of:
Dated C	October 1	2019	•		
	Jawwel Signature	of member or authoriz	ed representative of a in	eniber	
_			•	·	
	WRENCE GOLDEN				

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