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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

Division of Corp	porations	_	
SUBJECT: GC	und ma	Period Lightlin Company	ZZalle
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Lerri	Name of Person	
	Grandma	Firm/Company	1.770LLC
	12130 6	Address	<u></u>
	Fort my	City/State and Zip Code	366
		C 106 & C-rucil.	
For further information ec	oncerning this matter, please ca	all:	
Terri Name of	Person	at (330) 486 Area Code Daytime T	- 70 37 Telephone Number
Enclosed is a check for th	e 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 S Division of Co	ection orporations	Street Address: Registration Secti Division of Corpo	orations
P.O. Box 632	1	The Centre of Tal	ianassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(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 Company	y were filed on $(c + 35 - 10)C$ and assigned
Florida document number <u>C 2 C 0 C 0 C 1 7 7 5 3 3</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	12130 Cocca St #108
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Fort my F
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	There Dean
New Registered Office Address:	

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>	Name	Address	Type of Action
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Note: If	e date, if other that ive date is listed, the da the date inserted in t t's effective date on	his block does no	and cannot be prior of meet the applic	able statutory fili	more than 90 days			
	specifies a delayed ef	Tective date, but i	not an effective t	ime. at 12:01 a.m	, on the earlier o	of: (b) The 9	90th day af	ter the
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d is filed			<u>. Zuz</u>	<u>C</u> .				
rd is filed				orized representation	ar at a mambar			