LZ 000030708C

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	me)
(D	ocument Number))
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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JAN 1 4 7021 I ALBRITTON

COVER LETTER

	Name of Limited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
lease return all correspo	condence concerning this matter to the following:	
	Bradley Johnson	
	Name of Person	
	American Lighting Solutions, LLC	
	Firm/Company	
	4570 Saint Augustine Road Suite 100	
	Address	
	Jacksonville FL 32207	
	City/State and Zip Code	
	bradtjohnson@gmail.com E-mail address: (to be used for future annual report notification)	
for further information of	concerning this matter, please call:	
Bradley Johnson	at (904) 465-7214	
	of Person at (904) 465-7214 Area Code Daytime Telephone Number	_
Enclosed is a check for t	the following amount:	
\$ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fe Certificate of Status Certified Copy Certificate of S	

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

STREET/COURIER ADDRESS:

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



December 21, 2020

BRADLEY JOHNSON 4570 SAINT AUGUSTINE ROAD STE. 100 JACKSONVILLE, FL 32207

SUBJECT: AMERICAN LIGHTING SOLUTIONS, LLC

Ref. Number: L20000307080

We have received your document for AMERICAN LIGHTING SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 720A00025842

PECEIVED
JAN 0 4 2021

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	d Liability Company as it no A Florida Limited Liability Co	w appears on our records.) ompany)	<u> </u>
The Articles of Organization for this Limited Lia Florida document number L20000307080	ability Company were file	d on 9 29 3	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability com	pany here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Compa	ny," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			\
(Mailing address MAY BE A POST OFFICE B			0
			?:
			نر
B. If amending the registered agent and/o registered agent and/or the new registered off		ress on our records, en	iter the name of the nev
Name of New Registered Agent:			
New Registered Office Address:			<u></u>
	1	Enter Florida street address	
		Florida	a
	City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

American Lighting Solutions, LLC

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
AMBR	MIRANDA SHEPHARD	7901 4TH ST N STE 300	Add
		ST. PETERSBURG FL 33702	US _{⊠ Remove}
			Change
AMBR MIRANDA SHEPHERD	MIRANDA SHEPHERD	7901 4TH ST N STE 300	Add
		ST. PETERSBURG FL 33702 US	□ Remove
			Change
			🗅 Add
			Remove
			Change
			Add
			🗆 Remove
			Change
			Add
			🗆 Remove
			Change
			Add
			Remove
			Fl Change

. •	eriding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
Effec	tive date, if other than the date of filing:
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docu	ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Date	OCTOBER 15 2020
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00