LZO 000383872

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
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(Business Entity Name)	5
(Document Number)	. }
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COVER LETTER

Registration Section

ro:

Division (of Corp	orations	•	
	LightQ I			•
SUBJECT:	· -	Name of Limit	ted Liability Company	
The enclosed Artic	des of A	mendment and fee(s) are subr	mitted for filing.	
Nease return all co	orrespon	dence concerning this matter t	o the following:	
		Thomas S Taylor		
			Name of Person	
		FirstLightQ LLC		
			Firm/Company	
		8351 Bridgeport Bay Cr		
			Address	
		Mount Dora, FL 32757		
			City/State and Zip Code	
		nebula@firstlightq.com E-mail address; (t	o be used for future annual report not	isfication)
r further inform	ation co	ncerning this matter, please ca		
iomas S Taylor			814 404-2284 at ()	
	Name of	Person	Area Code Daytii	ne Telephone Number
:losed is a chec	k 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)	Section 5 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing</u> Registr			Street Address: Registration S	ection
Divisio	n of C	orporations	Division of Co The Centre of	orporations
P.O. Bo Tallaha		/ IL 32314		oc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) oility Company)		
The Articles of Organization for this Limited Liability Company we Florida document number L20000383872	ere filed on December 8, 2020	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	y company here:		
The new name must be distinguishable and contain the words "Limited Liability	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)			
_		27	
		是卫	
Enter new mailing address, if applicable:		= = =	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
		7.7	
		ದಿ	
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	dress on our records, <u>enter the n</u>	ame of the new regi	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address	·	
	, Florida		
	Cuy	Zip Code	

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
MGR	Thomas S Taylor	8351 Bridgeport Pay Circle, Mount Dora FL 32757	= Add
			□Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
		202	□Change
·		2021 JAN 11	— □Add
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Effective date, if other than the	e date of filing:	and he ariar to	date of filing or me	re than 90 days afte	io <mark>nal)</mark> r filing.) Pursuant	to 605,0207
Note: If the date inserted in this I	block does not mee	et the applicac	le statutory filing	requirements, thi	is date will not b	pe listed as
document's effective date on the	Department of Sta	te's records.				
e record specifies a delayed effect	ion data. Kut mot si	s affective tim	e at 12 Olaumu (n the earlier of: ()	b) The 90th da	ly after the
e record specifies a delayed cirect rd is filed.	ive date, out not a	Telleen to time			•	
		2021				
Dated			<u>.</u> ·			
	Signature of a mo	Aula				
// M.M.						

Filing Fee: \$25.00