## Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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: (((H21000050771 3)))



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To:

Division of Scippiations

Fax Number : (850) 617-6383

Exam:

Account Bame : CONTABORMIAMI.COM INC

Account Number : 175200000130 : (954)345-7888 Pronc : (786)703-1940 Pax Cumber

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PL LIGHT LLC

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To: 18506176380 Page: 2 of 6 2021-02-10 20:12:22 GMT 17867131940 From: TaxLeaf com



Division of Corporations

February 8, 2021
FLORIDA DEPARTMENT OF STATE

PL LIGHT LLC 1549 NE 123RD ST NORTH MIAMI, FL 33161US

SUBJECT: PL LIGHT LLC REF: L21000015219

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity listed on the fax cover sheet and the name of the entity listed in the document must be identical. Please amend the document or the fax cover sheet accordingly.

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.

Yasemin Y Sulker FAX Aud. #: H21000050771 Regulatory Specialist III Letter Number: 521A00002800

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PL LIGHT LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) alled Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number 1.21000015219	pany were filed on <u>01/05/2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	number 1.21000015219  s submitted to amend the following:  name, enter the new name of the limited liability company here:  distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."  pal offices address, if applicable:  nddress MUST BE A STREET ADDRESS)  g address, if applicable:  MAY BE A POST OFFICE BOX)  the registered agent and/or registered office address on our records, enter/the name of the new	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	(S)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		23
		. 12
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, <u>s</u> <u>shere</u> :	enter the name of the ne
		FATE : 15
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Esner Elwida street address	
	, Flori	da

## 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 filled to merely reflect a change in the registered affice 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
MGR	PEMBROKE TAX LIFE LLC	652 N UNIVERSITY DR	<b>≅</b> ∧dd
		PEMBROKE PINES, FL 33924	☐ Remove
			☐ Change
MGR	TAXLEAU PEMBROKE PINES LLC	652 N UNIVERSITY DR	Add
		PEMBROKE PINES, FL 33024	■ Remove
			☐ Change
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te∗ If the date.	other than the date of listed, the date must be speci inserted in this block does ive date on the Departmen	s not meet the applic	more starmory rums	(option one than 90 days after f g requirements, this	nul) iling.) Pursuant to 605.020 date will not be listed as
record spec he 90th da	ifies a delayed effect after the record is t	tive date, but no filed.	ot an effective t	ime, at 12:01 a.	m. on the earlier o
red FEBRUA	RY 5TH	2021			