H240001950093 6/3/24, 4:07 PM

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> > (((H24000195009 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC Account Number : I20140000084

Phone : (305)527-6617

Fax Number

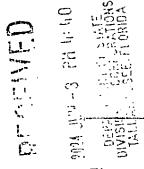
: (786)713-1940

**Enter the email address for this business entity to be used for future:

Email	Address:		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PL LIGHT LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00



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Corporate Filing Menu

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ARTICLES OF AMENDMENT: TO ARTICLES OF ORGANIZATION OF **

PL LIGHT LLC			
(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 were filed on 01/04/2021 Florida document number L21000015219	and a	assigned	:i
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
The new name must be distinguishable and contain the words "Limited Linbility Company," the designation "LEC" or the abbreather new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			. ===
Enter new mailing address, if applicable:	·		
(Muiling address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office address on our records, enter the name	o <u>i thể n</u>	2024 JE	istere
agent and/or the new registered office address here:	TWY Year	-3	=
Name of New Registered Agent:	<u> </u>	Ä	$\overline{\mathbf{m}}$
New Registered Office Address: Enter Florida street address	STATE	9: <u>3</u> 7	_

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

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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	CONTADOR MANAGEMENT SERVICES INC	1549 NE 123RD STREET	
		NORTH MIAMI, FL 33161	■Remove

MGR	TOP CONSULTING AND MANAGEMENT LLC	IS49 NE 123RD STREET	
		NORTH MIAML FL 33161	□Remove
			ElChange
			□∧dd
		1 1 1 1 1 1 1 1 1 1 	□Remove
			□Change
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			[]Remove
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			□Add
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ffective date, if other than the an effective date is listed, the date must lote: If the date inserted in this bloocument's effective date on the De	date of filing:	605.0207 (3) isted as the
record specifies a delayed effective d is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (h) The 90th day at	iter the
JUNE 3RD Dated	2024	
	Sol Acadeolo	
	Signature of a member or authorized representative of a member	
	LIV A ACEVEDO LEITER	