## L21000035970

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(F	Requestor's Name)	
( <i>f</i>	Address)	
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(0	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	Business Entity Name)	
(,	Susmess Entry Hume,	
1)	Document Number)	
Certified Copies	Certificates o	f Status
Special Instructions to F	iling Officer:	

Office Use Only





11/05/P (--0) 701--016 \*\*:25.00

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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LIGHTNING LABS	S, LLC		
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			_
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
-			Vehicle Search
	<del></del> <del>_</del>		Driving Record
Requested by: SETH	11/10/22		UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
			UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

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



LIGHTNING LABS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

New Registered Office Address:	19572 HAVENSWAY CT  Emer F  BOCA RATON	lorida street address Florida 33498
New Registered Office Address:		I ii I ii
Name of New Registered Agent:	ADAM FOX	
B. If amending the registered agent and/or agent and/or the new registered office address.		records, enter the name of the new registere
(Mailing address MAY BE A POST OFFICE	<u></u>	
Enter new mailing address, if applicable:		
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new principal offices address, if appli	cable:	
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :
This amendment is submitted to amend the fol	lowing:	
Florida document number L21000035970		
The Atheres of Organization to this Emitted i	Liability Company were filed on [	and assigned

## 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.

> Adam Fox 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	VALENTINO GIFFORD	6630 NW 122nd ave	□Add
		Parkland, FL 33076	■Remove
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ective date, if other than the date effective date is listed, the date must be c: If the date inserted in this block ument's effective date on the Department.	does not meet the applic	able statutory filing	(option re than 90 days after fi requirements, this o	i <b>al)</b> ling.) Pursuant to fate will not be	o 605.020° Histed as
cord specifies a delayed effective d filed.	ate, but not an effective t	me, at 12:01 a.m. or	the earlier of: (b)	The 90th day	after the
ed NOVEMBER 14	2022	<u> </u>			
Marina Sam					
		orized representative of	Ca manakaa		_

Filing Fee: \$25.00