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| (Req                      | juestor's Name)  |             |
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| PICK-UP                   | WAIT             | MAIL        |
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| Certified Copies          | Certificates     | s of Status |
| Special Instructions to F | Filing Officer:  |             |
|                           |                  |             |
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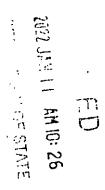
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## **COVER LETTER**

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TO:

Registration Section

Division of Corporations

|                          | E LITE, LLC                                  |   |
|--------------------------|--|---|
| SUBJECT:                 | Name of                                      | Limited Liability Company                               |
| The enclosed Arti        | icles of Amendment and fee(s) are            | submitted for filing.                                   |
| Please return all c      | orrespondence concerning this ma             | atter to the following:                                 |
|                          | DON PINGARO                                  |   |
|                          |  | Name of Person  |
|                          | SIDE LITE, LLC                               |   |
|                          | <del> </del>                                 | Firm/Company  |
|                          | 10837 GARDEN RID                             | GE COURT  |
|                          |  | Address   |
|                          | DAVIE, FLORIDA 3                             | 3328  |
|                          | <del></del>                                  | City/State and Zip Code                                 |
|                          | donnie.pingaro@sidein                        |   |
|                          | E-mail addr                                  | ess; (to be used for future annual report notification) |
| For further inforn       | nation concerning this matter, plea          | ise call:   |
| Don Pingaro              |  | 305 389-2922<br>at ()                                   |
| ·                        | Name of Person                               | at () Area Code Daytime Telephone Number                |
| Enclosed is a chec       | ck for the following amount:                 |   |
| ■ \$25.00 Filing         | Fee S30.00 Filing Fee & Certificate of Statu | =   |
|                          | Address:<br>ation Section                    | Street Address:<br>Registration Section                 |
| Division of Corporations |  | Division of Corporations                                |
|                          | ox 6327                                      | The Centre of Tallahassee                               |
| Tallahassee, FL 32314    |  | 2415 N. Monroe Street, Suite 810                        |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SIDE LITE, LLC   | <u> </u>   |                          |
|--|--|--------------------------|
| ( <u>Name of the Limited Liab</u><br>(A Flori  | ility Company as it now appears on our records.)<br>ida Limited Liability Company) |                          |
| The Articles of Organization for this Limited Liability Florida document number 1.21000126825              | Company were filed on 3/26/2021  | and assigned             |
| This amendment is submitted to amend the following:  |  |                          |
| A. If amending name, <u>enter the new name of the lir</u>  | mited liability company here:  |                          |
| The new name must be distinguishable and contain the words "Li   | imited Liability Company," the designation "LLC" or th                             | e abbreviation "E.I.,C." |
| Enter new principal offices address, if applicable:  |  |                          |
| Principal office address MUST BE A STREET ADD  | ORESS)   |                          |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)                      |  |                          |
| B. If amending the registered agent and/or register<br>agent and/or the new registered office address here |  |                          |
| Name of New Registered Agent:  |  | 2022 J&8 1               |
| New Registered Office Address:   | Enter Florida street address   | OF ST                    |
|  | Florida  | 10, 0                    |
|  | City   | 200 Cha                  |

## 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>           | <u>Address</u>           | Type of Action  |
|--------------|-----------------------|--------------------------|-----------------|
| MMRG         | DONALD PINGARO        | 10837 GARDEN RIDGE COURT |                 |
|              |                       | DAVIE, FL 33328          | ■Remove         |
|              |                       |                          | □ Change        |
| MMRG         | JACOB LYMAN           | 10837 GARDEN RIDGE COURT |                 |
|              |                       | DAVIE, FL 33328          | <b>≣</b> Remove |
|              |                       |                          | □Change         |
| MGR          | DON GERARD PINGARO II | 10837 GARDEN RIDGE COURT | <b>■</b> Add    |
|              |                       | DAVIE. Ft. 33328         | □Remove         |
|              |                       | ·                        | Change          |
|              | <del></del>           |                          | □Add            |
|              |                       |                          | □Remove         |
|              |                       |                          | □ Change        |
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|              |                       |                          | □Remove         |
|              |                       |                          | Change          |

| If amending any other informatio  |  |                           |  |  |
|---|--|---------------------------|--|--|
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|   |  |                           |  |  |
|   |  |                           |  | _  |
| Effective date, if other than the data is listed, the date must Note: If the date inserted in this block document's effective date on the Dep | ck does not meet the applic            | able statutory ming re    | than 90 days after (iling.) Purequirements, this date will | suant to 605,0207 (<br>not be listed as th     |
| e record specifies a delayed effective<br>ord is filed.   | date, but not an effective t           | ime, at 12:01 a.m. on     | the earlier of: (b) The 90                                 | th day after the                               |
| Dated   | 2021                                   | <u> </u>                  |  |  |
| Don Pi  | ngalo<br>Signature of a member or auth |                           |  |  |
|   | Signature of a member or auth          | iorized representative of | a member   | <del></del>                                    |
| Don Pingaro   |  |                           |  |  |
| <del></del>   | Exped or prin                          | ted name of signee        |  |  |