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COVER LETTER

TO:

Registration Section

Division	of Corporations			
THI SUBJECT:	N LIGHITNG LLC			
SOBJECT:	Name of I	Name of Limited Liability Company		
The enclosed Arti	cles of Amendment and fee(s) are :	submitted for filing.		
Please return all co	orrespondence concerning this mat	ter to the following:		
	LUIS BELLORIN			
		Name of Person		
	THIN LIGHTING LLC			
		Firm/Company	19	
	4728 NW 97TH CT UN	ľT 86		
		Address	<u> </u>	
	DORAL FL 33178			
	LUIS_MBB@HOTMAIL	City/State and Zip Code		
		: (to be used for future annual report notif	fication)	
For further informa	ation concerning this matter, please	call:	:	
LUIS BELLORIN		402 5478145	()	
`	Name of Person	Area Code Daytime	Telephone Number	
Enclosed is a check	c for the following amount:			
■ \$25.00 Filing F	Fee ☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Division P.O. Box	ion Section of Corporations	Street Address: Registration Section of Corp The Centre of Ta 2415 N. Monroe	orations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THIN LIGHTING LLC	
(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{06/03/2}{1}$	2021 and assigned
Florida document number 1.21000258464	and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
he new name must be distinguishable and contain the words "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	()
. If amending the registered agent and/or registered office address on our recordent and/or the new registered office address here:	ls, enter the name of the new register
The state of the address here.	
Name of New Registered Agent:	j
	N
New Registered Office Address:	
Enter Florida str	eet address :
City	, Florida
Cuy	Zip Code

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

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
CEO	Luis Bellorin	4728 NW 97TH CT UNIT 86 DORAL FL 33178	■Add
			□Remove
MOD			□Change
MGR	Wilfredo Bellorin	1016 NW 87TH AVE APT 111 DORAL FL 33172	■Add
			□Remove
			Change
			
			□Remove
			□Change
-			
			□Remove
			□Change
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			□Remove
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				272	
ffective date, if other than the an effective date is listed, the date must lote: If the date inserted in this bloom.	date of filing:		(option	al) 🚊	
			more than 90 days after fi ing requirements, this o	ing.) Pursuant to 605.0 ate will not be listed)207 (Las t
ocument's effective date on the De	partment of State's reco	ords.		<u> </u>	
record specifies a delayed effective	date but not an afford	ua tima 12 01			
record specifies a delayed effective Lis filed.	date, but not an effective	ve time, at 12:01 a.m	on the earlier of: (b)	The 90th day after t	he
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ated	. 2021	·			
	1 11	<u></u>			
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	signature of a member or a	uthorized representativ	e of a member		