

11/27/24 10:59 AM

Division of Corporations

# LA1000218490

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ELO ENTERPRISES, INC  
Account Number : I20150000109  
Phone : (561)544-8862  
Fax Number : (954)697-0130

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

Email Address: sales@eloenterprises.us

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**LP LED LIGHTING AND CONTROLS, LLC**

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LP LED LIGHTING AND CONTROLS, 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 06/09/2021 and assigned Florida document number L21000268490.

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

9050 PINES BLVD, SUITE 415

**(Principal office address MUST BE A STREET ADDRESS)**

PEMBROKE PINES, FL 33024

**Enter new mailing address, if applicable:**

9050 PINES BLVD, SUITE 415

**(Mailing address MAY BE A POST OFFICE BOX)**

PEMBROKE PINES, FL 33024

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*City*

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	LISUNG, VALERIA	688 WYCKOFF AVE	<input type="checkbox"/> Add
		MAHWAH, NJ 07430	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	PAMELA MARQUES	6260 HAWKES BLUFF AVE	<input checked="" type="checkbox"/> Add
		DAVIE, FL 33331	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RENZO COSTA	JR. MALAGA 289 - INT 201	<input checked="" type="checkbox"/> Add
		LIMA, 15038 - PERU	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

N/A

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated NOVEMBER 12th, 2024Valeria Lisung

Valeria Lisung (Nov 13, 2024 07:55 EST)

Signature of a member or authorized representative of a member

LISUNG, VALERIA - MGR

Typed or printed name of signee