Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000381214 3)))



H220003812143ABCX

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number: I20220000070 : (888)462-3453 Phone : (877)919-2613

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

Email Address: EFILE1234@INCFILE.COM

Fax Number

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BORN LIGHTING AND ELECTRIC LLC

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(((H22000381214.3)))

COVER LETTER

TO: Registration 8 Division of Co			
	GHTING AND ELECTRIC LLC	-	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	
	17350 STATE HWY 249.		
		Address	
	HOUSTON, TX 77064		
	EFILE1234@INCFILE.CO	City/State and Zip Code M	
	F-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
LOVETTE DOBSON		at ()	
Name	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing 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)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

11/9/2022 07:49:08 CST

(((H22000381214.3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ITING AND ELECTRIC LLC	_
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
(,	• • • • • • • • • • • • • • • • • • • •	
The Articles of Organization for this Limited Liability Co	ompany were filed on 01/12/2022	and assigned
Florida document number 1.22000026709		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
FISHERMAN'S FORGE L.L.C.		÷4
The new name must be distinguishable and contain the words "Lumin	ted Liability Company," the designation "LLC" o	ir the abbreviation "B.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDR.	ESS)	<u> </u>
		200
		56 3 17
		が、方
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records, <u>enter th</u>	e name of the new register
At 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida Zip Code
	·	,
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my duties, and tent as provided for in Chapter 605, F.	T am familiar with and S. Or, if this document is
	If Changing Registered Agent, Signature of ?	New Registered Agent
	A Changing registered regent, organitare or ;	

Page: 4/5

11/9/2022 07:49.08 CST

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

((H22000381	21	4	3))	Ì
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MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐Change
		-	□Remove
			☐Change
			□Add
			□Remove
			FlAdd
			□Remove
			□Change
			□Add
			□Remove
			□Add
			Remove
			□Change

D. If amending any	other information, en	ter change(s) here:	(Attach additional shee	ns, if necessary.)	
					_
					- -"
					
					_
					
· · · · · · · · · · · · · · · · · · ·					_
+++					
Note: If the date in	other than the date of listed the date must be speci nserted in this block does we date on the Departmen	enot meet the applicab	date of filing or more than 9 de statutory filing require	(optional) Odays after filing) Pursuant to 6 ments, this date will not be l	505,0207 (3)(b) isted as the
If the record specifies a record is filed.	delayed effective date, b	ut not an effective tim	e, at 12:01 a.m. on the ca	rlier of: (b) The 90th day a	fier the
Dated November.	07	2022	<u>.</u> ·		
		ń,	Bom zed representative of a men	ber	
	-	Damet B			

Typed or printed name of signee