L22000462726

(Re	questor's Name)	
————(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	<u> </u>

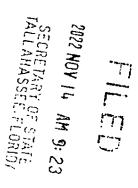


A. RIVERS FEB - 2 2023



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COVER LETTER

TO: Registration Section Division of Corporations	' .
- SUBJECT: The Good Cight Holidings (CC) Name of Limited Liability Company	щ\$
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	
Michelle BelanGer	
The God Light Hold; NGS, U.S.	
2513 Okechobee Cane	
FORT CAUDER dule FL 33312 City/State and Zip Code Michelle Belange R. APD grand, C. E-mail address: (to be used for future annual report notification)	<u>~</u>
For further information concerning this matter, please call:	
Michalle Belanger at (954) 243-9954 Name of Person at (954) Area Code Daytime Telephone Nur	mber
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	00 Filing Fee, ificate of Status & ified Copy ional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Good Light		<u> </u>	
(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 12200 462 726	were filed on 10/27/27	and assign	ıed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabile (1900) LiGht Holding The new name must be distinguishable and contain the words "Limited Liabile Liabil	165, UC	he abbreviation "L.L.C	· · ·
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the i	OF TARECRETAR	egistered
Name of New Registered Agent:		<u> </u>	ĭ
New Registered Office Address:		FO A	~~~1
	Enter Florida street address Florida	9: 23 TATE ORIDE	•
	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 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
		□Remove	
		□Change	
			□Add
		□ Remove	
		<u> </u>	□Change
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		□Add	
		□Remove	
			□Change

ii ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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fan elf <u>Note:</u>	ve date, if other than the date of filing:
record is fil	d 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 ed.
Dated	November 7, 2022. Wi chelle Board Signature of a member abauthorized representative of a member
	Vichelle Roanis
	Signature of a member of authorized representative of a member
	Michelle Belanger Voed or printed name of signer
	TITUROTE DETATIONER