## L23000126034

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,
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(Business Entity Name)
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(Document Number)
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## **COVER LETTER**

TO: Registration S Division of Co				
Our Living SUBJECT:	Lights, LLC			
30b3EC1:	Name of Lin	nited Liability Company	<u></u>	
		1		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
		; ;		
	Mary K Reddy	•		
		Name of Person	· <del>-</del> ·	
	Our Living Lights, LLC	ŧ		
	<del></del>	Firm/Company		
	4045 Forrestal Ave			
		Address		2223
	Orlando, Fl 32806			
	<del></del>	City/State and Zip Code	<u></u>	
	kate@ourlivinglights.com			70
	E-mail address: (	to be used for future annual report notifi	cation)	PH 4: 13
For further information c	oncerning this matter, please c	all:		市高品
Mary K Reddy		407 325-5245 at ( )		
Name o	f Person		Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Addres		Street Address: Registration Sect	tion	
Registration S Division of C		Division of Corp		
P.O. Box 632	-	The Centre of Ta	ıllahassee	
Tallahassee. 1	PL 32314	2415 N. Monroe	Street, Suite 8	10

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Our Living Lights, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
	were filed on 0.0/10/2023	and assigned
Florida document number 1.23000126034		
This amendment is submitted to amend the following:		
(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 03/10/2023 and assigned Florida document number 1.23000126034  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 "LLC."  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 address on our records, enter the name of the new registered agent and/or the new registered address here:  Name of New Registered Agent:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company "the designation "LLC" or the abl	provision "L.L.C."
The nest make must be distinguishable and contain the winds. Thintee that in	my company, the designation labe of the am	reviation 1
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	- 28 <u>-                                    </u>
	i	
		<del></del>
		7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	٤	in an
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	<u> </u>	$\frac{1}{11} \frac{\overline{\alpha}}{\omega}$
B. If amending the registered agent and/or registered office a	address on our records, enter the name	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	, Florida	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
MGR	Mary K Reddy	705 E Pine St.	<b>≣</b> ∧dd
		Orlando, FL 32801	□Remove
			□Change
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		·	□Remove ·
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ffective date, if other than the date of filing:	(optional)	0.5.05.05
an effective date is listed, the date must be specific and cannot be prior to date of filing or more <b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing re-	than 90 days after fining.) Pursuant to 6 equirements, this date will not be li	isted as
ocument's effective date on the Department of State's records.		
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d is filed.  March 27 2023	the earlier of: (b) The 90th day at	ter the
d is filed.  Dated March 27 . 2023		ter the
d is filed.  March 27 2023		ter the
Dated		ter the