L23000255670

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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJEC		LEACTION LLC		
SOBJEC	· · · · · · · · · · · · · · · · · · ·		ited Liability Company	
		Amendment and fee(s) are sub-	•	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		FRANK LEMAIRE, MGR		
			Name of Person	
		LIGHTSTYLEACTION L	LC	
			Firm/Company	
	5751 SW 45TH TERRACE			
		MIAMI, FL 33155		
		FL45TERR@EARTHLINK	City/State and Zip Code	
		iion)		
For furth	er information co	oncerning this matter, please ca	all:	023 L
FRANK LEMAIRE, MGE		SE.	305 773-7269	2023 JUN -6
	Name of	Person		elephone Number 6 AH 9: 05
Enclosed	l is a check for th	e following amount:		9.0
■ \$25.	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address:	

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

TO:

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

LIGHTSTYLEACTION LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida	Limited Liability Company)	,
The Articles of Organization for this Limited Liability C	ompany were filed on 5/24/2023	and assigned
Florida document number L23000255670	<u>_</u> .	
This amendment is submitted to amend the following:		2023 JUN -1
A. If amending name, enter the new name of the limit	ited liability company here:	The state of the s
LIGHTS STYLE ACTION LLC		o m
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LL	C" or the abbreviation E.L.C.
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDR	RESS)	THE ST
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>ente</u>	r the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	ess
	F	lorida
	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
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AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
<u> </u>			🗖 Add
			□ Remove
			□Change
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fective date, if other than the in effective date is listed, the date in	he date of filing	g:	a date of filing or n	opt:	ional) r filing) Pursuant to 605	5 0207
ote: If the date inserted in this	block does not n	nect the applica	ible statutory filir	ng requirements, th	is date will not be list	ed as
cument's effective date on the	Department of S	state's records.				
ecord specifies a delayed effectis filed.	tive date, but not	an effective tir	ne. at 12:01 a.m.	on the earlier of: (The 90th day afte 	r the
, MAY 31		2023				
ited	<u> </u>			_		
					>	
	//		rized representative	- , , 		

Typed or printed name of signee