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H23300 411478 Florida Department

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(((H23000411478 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : API PROCESSING

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Fax Number : (954)567-3401

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Registration Section

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COVER LETTER

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Division of Co	rporations		
LIGHT TI	EAM SERVICES LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	Annette Mota		•
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	API Processing - Licensin	g, Inc.	
		Pirm/Company	
	3419 Galt Occan Drive St	uite A	
	· · · · · · · · · · · · · · · · · · ·	Address	· · · · · · · · · · · · · · · · · · ·
	Fort Lauderdale FL 33308	3	
		City/State and Zip Code	
	annatte@apiprocessing.com		
.		to be used for future annual report no	tification)
For further information of	oncerning this matter, please c	all:	
Annette Mota		954 567-0013 x	
Name o	f Person	at (at Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
国 \$25.00 Filling 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 (**dditional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Se	ection
Division of C	orporations	Division of Co	rporations
P.O. Box 632	7	The Centre of T	Tallahassee

Tallahassee, FL 32314

2415 N. Monroc Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIGHT	TEAM	SERV.	CES	LLC	

New Registered Agent's Signature, if changing Registered Agent

(Name of the Limited Liability Compa (A Florida Limited)	ny as it new appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000388303</u>	were filed on <u>8/17/2023</u>	and as	signed 23
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	breviation "L	Ē.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:	ddress on our records, enter the nam	e of the nev	yregistered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Florida	Zip Code	

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

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H23000 411478
or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
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			≡ Change
		_	DAdd
			□Remove
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			□ Remove
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