· To: 18506176383 From: 19166105073 Date: 01/25/24 Time: 4:17 PM Page: 02/05

1/25/24, 10:15 AM

Division of Corporations

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To:

Division of Corporations

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From:

Account Name : PARASEC

Account Number : I20180000086

Phone : (916)576-7000

Fax Number : (800)603-5868

\*\*Enter the email address for this business entity to be used for future  $\widetilde{\Gamma}^{i}$ annual report mailings. Enter only one email address please. ••

Email	Address:	RLOPS@PARASEC.COM	
CHIGIT	MUUI CSS.	- ドレロセン部とならせて、しつい	



## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LIGHT BY DESIGN REALTY LLC

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To: 18506176383 From: 19166105073 Date: 01/25/24 Time: 4:17 PM Page: 03/05

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIGHT BY DESIGN R	
(Name of the Limited Liability (A Florida)	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on 12/26/2023 and assigned
Florida document number 1.24000003189	<del>_</del>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
Oscar Martin Miranda LLC	
The new name must be distinguishable and comain the words "Limit	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRI	ECS)
	7. 2 P
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OPFICE BOX)	至 25 年
	55 = 111
	E. S.
	office address on our records, enter the name of the new geststered
seent and/or the new registered office address here:	Tri O
Name of New Registered Agent:	
New Registered Office Address:	
	finter Florida street nediross
	, Florida
<del></del>	Cite 2th 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 Chauging Registered Agent, Signature of New Registered Agent

To: 18506176383 From: 19166105073 Date: 01/25/24 Time: 4:17 PM Page: 04/05

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

Title	Name	Address	Type of Action
MGTZ	Ileana Rosa Mirante	Maro su 60° Territorda, H. 30	<del>~</del> -3⊡∧dd
			Систоре
			DChange
			DAdd.
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			Change
			CDAdd
			CRemove
			DChange

To: 13506176383 From: 19166105073 Date: 01/25/24 Time: 4:34 PM Page: 01/05

With	
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ote: If	e date, if other than the date of filing:  (optional)  sive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as n's effective date on the Department of State's records.
record : . is file:	specifies a delayed effective dute, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
nted _	January 10 . 2024 .
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00