Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000410360 3)))



H240004103603ABCU

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GG CONSULTING SERVICES CORP

Account Number : I20210000143 Phone : (786)631-8656

Fax Number : (786)360-4066

ter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Solution

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN S&N LIGHTING GROUP, LLC

Certificate of Status	0
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Page Count	0.1.
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

	Registration S Division of Co					
SIBIEC		HTING GROUP, LLC				
SUBJECT: Name of Limited Liability Company						
The enclo	sed Articles o	f Amendment and fcc(s) are su	abmitted for filing.			
		ondence concerning this matte				
		ALEXIS FROMETA				
			Name of Person			
		ALEXIS PROMETA P.A				
			Firm/Company			
		3191 CORAL WAY #404	4 A			
			Address			
		MIAMI, FL 33145				
			City/State and Zip Code			
		afrometa@south-floridacps				
5 6 3			(to be used for future annual report notification)			
For turther	r information o	concerning this matter, please c	eall:			
ALEXIS I	FROMETA		305 319-1071 at()			
	Name o	€ Person	Area Code Daytime Telephone Number			
Enclosed is	s a check for ti	ne following amount:				
■ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)			
R D P.	alling Addres egistration S ivision of C O. Box 632 allahassee, I	Section orporations 7	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

S&N LIGHTING GROUP, LLC				
(Name of the Limit	ed Liability Comp (A Florida Limited	any as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited Life Included Life Include	iability Company	were filed on $\frac{03}{2}$	26/2024	and assigned
This amendment is submitted to amend the follo	ewing:			
A. If amending name, enter the new name of	f the limited list	ility company he	ere:	
N/A				
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the d	esignation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A		
Principal office address MUST BE A STREE				
		N/4		
Enter new mailing address, if applicable:		N/A 		· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE	BOX)			<u></u>
B. If amending the registered agent and/or regent and/or the new registered office addres Name of New Registered Agent:		address on our re	ecords, enter the nam	ne of the new regist
New Registered Office Address:		Feter Flori	ida street address	Zip Code
		2/40/ 710/	20 01/201 (304) (23)	13
	***************************************	City	, Florida	7. 5. 4
In Designation of America Stones and St. Leaving D		- •		Zip Code
lew Registered Agent's Signature, if changing R	egistered Agent:			<u>ب:</u>

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

Title	Name	Address	Type of Action
MGR	JESUS E GARCIA OTERO	3191 CORAL WAY	□ Add
		SUITE #404 A	■Remove
		MIAMI, FL 33145	□ Change
MGR	evelyn Carrera sordo	3191 CORAL WAY	
	·	SUITE #404 A	■Remove
		MIAMI, FL 33145	□Change
			□Add
			□Remove
			□Change
			□Add
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an effe <u>'ote:</u> i	ve date, if other than the date of filing: DECEMBER 12, 2024 (optional) (optional) (tive 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 filte date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocume	int's effective date on the Department of State's records.
record is file	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 d.
ted_	DECEMBER 12 2024
	. (()
	The state of the s

Filing Fee: \$25.00