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Registration Section Division of Corporations TO:

CANDLEL SUBJECT:	IGHT SQUARE, L.C.		
SUBJECT:	Name of Limit	ed Liability Company	<del></del>
The analogad Articlas of	Amendment and fee(s) are subn	nitted for filing	
Please return all correspo	indence concerning this matter t	o the following:	
	Candyce M. King	_	
		Name of Person	
	Candyce M. King, P.A.		
	-	Firm/Company	
	2219 Park St.		
	<del></del>	Address	
	Jacksonville, FL 32204		_
		City/State and Zip Code	
	kingcandyce@bellsouth.net		
	E-mail address: (t	o be used for future annual report no	tification)
For further information of	concerning this matter, please ca	dl:	
Candyce M. King		904 387-9886 at ()	
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

CANDLELIGHT SQUARE, L.C.	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on June 26, 1998 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	- CO
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:	nddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

## 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>	Name	Address	Type of Action
MGR	Samuel D. Kredell	4325 Appleton Ave., Jacksonville, FL 32210	□Add
			□Remove
		change from MGRM to MGR	<b>=</b> Change
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			AP 3 Remove
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u/a/d March 24, 2020.				
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tive date, if other than the	date of filing: March 24, 2020		_ (optional)	
ffective date is listed, the date mus	st be specific and cannot be prior to date ock does not meet the applicable st	of filing or more than 90 d	ays after filing.) Pur	suant to 605
ment's effective date on the D	epartment of State's records.	ug		
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ord specifies a delayed effectiv filed.	e date, but not an effective time, at	12:01 a.m. on the earlie	erof: (b) The 90	ith day after
March 24	, 2020			
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$(\mathcal{L}, \mathcal{L})$	Signature of a member or authorized			

Filing Fee: \$25.00