

M18000007787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

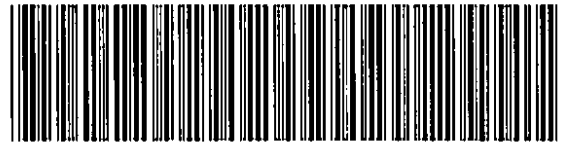
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2018 SEP 11 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FL 32307

FILED

M. MILLIGAN

SEP 15 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: dLite, LLC d/b/a dLites 3, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard A. Latta

Name of Person

Stafford Rosenbaum LLP

Firm/Company

222 West Washington Avenue, Suite 900

Address

Madison, WI 53703

City/State and Zip Code

rlatta@staffordlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Latta at ( 608 ) 259-2648

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: dLite, LLC d/b/a dLites 3, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M18000007787

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: August 24, 2018

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: dLites3, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida Street Address

\_\_\_\_\_, Florida \_\_\_\_\_  
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 Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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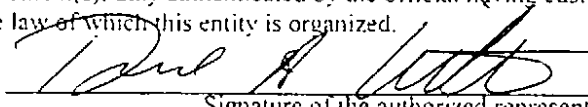
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative

**Donald A. Lichte, Realty Manager**

\_\_\_\_\_  
Typed or printed name of signer

Filing Fee: \$25.00

FILED  
2019 SEP 11 PM 12:51  
CLERK OF COURT  
JANESVILLE, WIS.

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "DLITES3,LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:


CERTIFICATE OF FORMATION, FILED THE NINTH DAY OF FEBRUARY, A.D. 2018, AT 5:50 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "FIRST COAST CULVER'S, LLC" TO "DLITE, LLC", FILED THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2018, AT 4:27 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "DLITE, LLC" TO "DLITES3,LLC", FILED THE THIRTIETH DAY OF AUGUST, A.D. 2018, AT 2:26 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "DLITES3,LLC".



  
Jeffrey W. Bullock, Secretary of State

6749905 8100H  
SR# 20186525693


You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203376308  
Date: 09-06-18

**STATE OF DELAWARE**  
**LIMITED LIABILITY COMPANY**  
**CERTIFICATE OF FORMATION**

- FIRST:** The name of the limited liability company is First Coast Culver's, LLC.
- SECOND:** The address of its registered office in the State of Delaware is 1209 Orange Street, Wilmington, Delaware 19801, County of New Castle. The name of its registered agent at such address is The Corporation Trust Company.

**IN WITNESS WHEREOF**, the undersigned, an authorized person of the limited liability company, has caused this Certificate of Formation to be executed as of the 9<sup>th</sup> day of February, 2018.



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Richard A. Latta, Esq.  
Authorized Person

## STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: First Coast Culver's, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the limited liability company shall be "dLite, LLC".

IN WITNESS WHEREOF, the undersigned have executed this Certificate on  
the 26th day of February, A.D. 2018.

By: 

Authorized Person(s)

Name: Richard A. Latta, Esq.

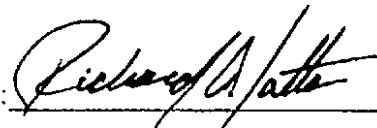
Print or Type

## STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: dLite, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the limited liability company shall be "dLites3, LLC".

IN WITNESS WHEREOF, the undersigned have executed this Certificate on  
the 30th day of August, A.D. 2018.

By:   
Authorized Person(s)

Name: Richard A. Latta, Esq.  
Print or Type