

M18000007787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

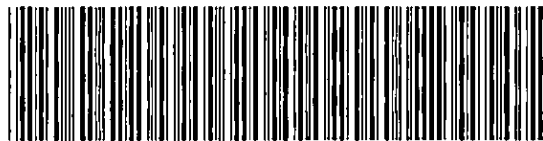
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

2018 OCT 15 PM 5:16

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10/16/18--01028--010 \$25.00

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OCT 15 2018

OCT 20 2018

S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: dLites3, 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

Name of Person

at (608) 259-2648

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: dLites3, LLC

Enter new principal office address, if applicable: 1767 Blanding Boulevard

(Principal office address

MUST BE A STREET ADDRESS)

Middleburg, FL 32068

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: _____
(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

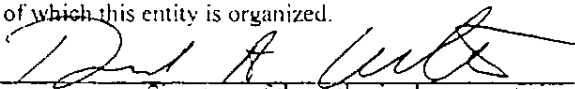
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TALLAHASSEE, FL

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)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
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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 signee

Filing Fee: \$25.00

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STATE OF FLORIDA
TALLAHASSEE, FL

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".

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

6749905 8100H
SR# 20186525693

Authentication: 203376308
Date: 09-06-18

You may verify this certificate online at corp.delaware.gov/authver.shtml

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 9th day of February, 2018.



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.

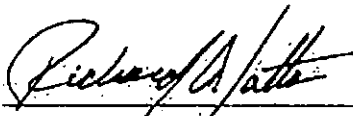
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**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

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