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ON SEP 22 PM 3: 25

COVER LETTER

Division of Co	rporations
SUBJECT: Lighthouse	
	Name of Limited Liability Company
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.
Please return all correspo	ondence concerning this matter to the following:
	Susan Chemen
	Name of Person
	Susie Chemen Consulting LLC
,	Firm/Company
	20533 Biscayne Blvd Suite 1326
	Address
	Aventura FL 33180
	City/State and Zip Code
	suchemen@hotmail.com
	E-mail address: (to be used for future annual report notification)
For further information c	concerning this matter, please call:
Susan Chemen	305 469-6873
Name o	at ()
Enclosed is a check for the	he following amount:
□ \$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Lighthouse RC LLC	
(Name of the Limited Liability Company as it now appears on our r (A Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company were filed on 03/10/2017 Florida document number L1700055694	and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	TO TO
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SEP 22 PH 3: 25
B. If amending the registered agent and/or registered office address on our recregistered agent and/or the new registered office address here:	cords, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address: Emer Florida street a	ddress
	, Florida
Ciŋ·	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

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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Lighthouse RC Group LLC	3750 Ne 170th St Apt 105	■ Add
		North Miami FL 33160	□ Remove
			Change
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			□ Remove
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n effective date is listed, the date must	be specific and c	cannot be prior to o	date of filing or mo	ore than 90 days at	ter filing.) Pursu	ant to 605.0207 (
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record specifies a delayed	effective da	ite, but not a	in effective ti	me, at 12:0:	La.m. on th	ne earlier of:
The 90th day after the reco	ord is filed.					
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	Oi matura is Ca un	emberor authoriz	ed representative	of a member		
	Signature of a m	chiochol authorn.				

Page 3 of 3

Filing Fee: \$25.00