## NOH 000055169

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

AND 188 183 6369	Building Contractors, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	David R. Lightholder, Jr.		
	_	Name of Person	
	Lightholder Building Cont	ractors, LLC	
		Firm/Company	·
	219 Broadview Dr.		
	· · · · · · · · · · · · · · · · · · ·	Address	
	Cocoa, FL 32922		
	_	City/State and Zip Code	
	accounting@lbcmi.us		
	E-mail address: (	to be used for future annual report not	ification)
For further information e	oncerning this matter, please c	all:	
David R. Lightholder, Jr.		321 863-4774 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Co The Centre of	rporations
Tallahassee, I			oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Lightholder Building Contractors, LLC	
(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company were filed on 7/26/20	
Florida document number L04000055189	
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 design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	rin Più Più
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
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B. If amending the registered agent and/or registered office address on our recor agent and/or the new registered office address here:	ds, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida si	treet address
· · · · · · · · · · · · · · · · · · ·	Florida
City  New Registered Agent's Signature, if changing Registered Agent:	Zip Code

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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jeffrey Ligtholder	1831 Britt Rd. Cocoa, FL 32926	= Add
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			□ Change
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			□ Remove
			Change
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	8-24-	21	
ective date, if other than the reflective date is listed, the date mu	e date of filing:	(Optional)	Pursuant to 605.0
te: If the date inserted in this becoment's effective date on the L	lock does not meet the applicable statut Department of State's records.	tory filing requirements, this date v	vill not be listed
	1		
ecord specifies a delayed effecti s filed.	ve date, but not an effective time, at 12:	01 a.m. on the earlier of: (b) The	90th day after t
August 24	2021		
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led			
ted	Signature of a member or authorized repre		

Filing Fee: \$25.00