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COVER LETTER

•	gistration Sec ision of Corp			
SUBJECT:	LIGHTKEE	PER'S PARK LLC		
SOBJECT		Name of Lim	ited Liability Company	
The enclosed	I Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		MERINDA A. MAZIE		
			Name of Person	
		LIGHTKEEPER'S PARK	LLC	
			Firm/Company	
	5004 64TH DRIVE WEST			
	Address			
		BRADENTON, FL 34210		
			City/State and Zip Code	
		MINDYMAZIE@GMAIL.		
			to be used for future annual report notifica	
For further in	nformation co	incerning this matter, please ca	all:	
MERINDA	A. MAZIE		941 545-4839 at ()	AHA SEE 19 Chephone Number 7
	Name of	Person		clephone Number 2
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	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 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

LIGHTKEEPER'S PARK LLC		
(<u>Name of the Limited Liability Company as it</u> (A Florida Limited Liability	t now appears on our records.) y Company)	
The Articles of Organization for this Limited Liability Company were a Florida document number <u>L05000015293</u> .	filed on $\frac{02/14/2005}{}$ and assigne	d
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	ompany here:	
he new name must be distinguishable and contain the words "Limited Liability Com-	mpany," the designation "LLC" or the abbreviation "L.L.C."	;
Enter new principal offices address, if applicable:	SEC ALL	1
Principal office address MUST BE A STREET ADDRESS)		<u>-</u>
	20 - II	٦-
Enter new mailing address, if applicable:		フ
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
3. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	address on our records, <u>enter the name of t</u>	<u>he n</u>
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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Address	Type of Action
MGRM	AL-BOCHI, HICHAM	5004 64TH DRIVE WEST	
		BRADENTON, FL 34210	
		******	□ Change
MGR	AL-BOCHI MAZIE, RAYAN	5004 64TH DRIVE WEST	Add
		BRADENTON, FL 34210	■ Remove
			Change
	···		
			□ Remove
			□ Change
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(If an effe Note:	re date, if other than the date of fictive date is listed, the date must be specific f the date inserted in this block does not's effective date on the Department	and cannot be prior to do of meet the applicable	ate of filing or more than statutory filing require	(optional) 90 days after filing.) Pements, this date wi	ursuant to 605.0207 Il not be listed as
	ord specifies a delayed effectiv 90th day after the record is file		n effective time, a	t 12:01 a.m. on	the earlier of
) The	June 1 Minde M				

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Typed or printed name of signee

Filing Fee: \$25.00