L08000086980

(Re	equestor's Name)			
(Address)				
(Ac	ddress)			
(Cit	ty/State/Zip/Phone	<i>⇒ #</i>)		
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: LightHou	use Consulting Ser	vices LLC,	
		ited Liability Company)	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Deanna Z. Bradley		
		(Name of Person)	
	LightHouse Consulting S	Services LLC,	
		(Firm/Company)	· · · · · · · · · · · · · · · · · · ·
	P.O. Box 510		
		(Address)	
	Chiefland Florida 32626		
		(City/State and Zip Code)	
For further information co	ncerning this matter, please c	Pall:	
1 of further information co.	neerning and matter, picase e	an.	
Deanna Z. Bradley		at (_352_) 221-4492	
(Name of	Person)	(Area Code & Daytime T	'elephone Number)
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	☑\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copy (additional copy is enclosed)

MAILING ADDRESS:

1 in

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

F 11 E D
08 SEP 24 AM 11: 13

SECRETARY OF STATE TALLAHASSEE FLORIDA

LightHouse Consulting Services LLC,

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabili	ity Company were filed on 09-12-2008	and assigned
Florida document number L08000086980	.	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the designa	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable	<u> </u>	
(Principal office address MUST BE A STREET A)	DDRESS)	,
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or registered agent and/or the new registered office		nter the name of the new
Name of New Registered Agent:		·
New Registered Office Address:		
	(Enter Florida str	eet address)
_		da
	(City)	(Zin 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 608, 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)

MGR = Manager MGRM = Managing Member					
<u>`itle</u>	<u>Name</u>	Address	Type of Action		
IGRM	Tonda C. Helgesson	6550 N.W. 70th Street Chiefland, Florida 32626	Add Remove		
			- Damesta		
			— •		
			Add Remove		
			- n		
			TE -		
. If ame	nding any other information, enter	change(s) here: (Attach additional sheets, if			
- -			SECRETARY OF ALLAHASSEE		
_ _ ated	,	•	OF STATE		
	Deana Z. B	Budloy nember or authorized representative of a member			

Page 2 of 2

Filing Fee: \$25.00