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(Re	equestor's Name)	
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SECRETARY OF STATE

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COVER LETTER

CUDICAT.	LIGHTHO	USE MANAGEMENT PLUS	LLC		
SUBJECT:		Name of Lim			
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		JOHN LEABERRY			
			Name of Person		
		LEABERRY LAW OFFIC	CE PLLC		
		167 166 PATRICK STREET	Firm/Company		
	Address				
		LEWISBURG WV 24901			SE SE T
		lcaberry01@yahoo.com	City/State and Zip Code		— EE -8 TE
		E-mail address: (to be used for future annual	report notification)	
For further in	formation co	oncerning this matter, please ca	all:		
JOHN LEAF	BERRY		954 98 at ()	30-4022	gm 1
,	Name of	f Person	Area Code	Daytime Telephone N	umber
Enclosed is a	check for th	ne following amount			
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en	Cer closed)	00 Filing Fee, rtificate of Status & rtified Copy litional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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 MANAGEMENT PLUS 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 Florida document number L09000054992	Liability Company	were filed on	and assigned		
This amendment is submitted to amend the fo	llowing:				
A. If amending name, <u>enter the new name</u>	of the limited liab	oility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation	n "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if appli	icable:	30 HARBOUR ISLE DR	RIVE WEST		
(Principal office address MUST BE A STRE		UNIT 301	tio 👼		
		FORT PIERCE FL 3494			
Enter new mailing address, if applicable:		30 HARBOUR ISLE DR	1 1		
(Mailing address MAY BE A POST OFFICE	E BOX)	UNIT 301			
		FORT PIERCE FL 3494	9 9 9 9		
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	•	<u>:e</u> :	ecords, enter the name of the no		
New Pagistared Office Address	30 HARBOUR	SISLE DRIVE WEST; UNI	Т 301		
New Registered Office Address:	Enter Florida street address				
	FORT PIERCE	3	, Florida ³⁴⁹⁴⁹		
		City	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			☐ Change
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document 3	checuve date o	n the Departin	on or Stat	e s records.					
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