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COVER LETTER

TO: Registratio Division of	n Section	•	•
Lightle	nouse Consulting Associate	es, LLC	
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corr	espondence concerning this matter	to the following:	
	John H Wilson		
		Name of Person	
	Lighthouse Consultir	ng Associates, LLC	
	·	Firm/Company	
	2204 S Daytona Ave		
		Address	
	Flagler Beach, FL 32	2136	
	Johnhwilson319@gn	City/State and Zip Code nail.com	
	E-mail address: (t	o be used for future annual report notificat	ion)
For further informati	on concerning this matter, please co	all:	
John Wilson		954 650-1469	
Na	me of Person	at () Area Code & Daytime To	elephone Number
Enclosed is a check	for the following amount:		
\$25.00 Filing Fee	e \$\Bigsiz\$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

Lighthouse Consulting Associates, 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 Liability Company were filed on __ and assigned Florida document number _____L09000113366 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida Citv 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 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	John H Wilson	2204 S Daytona Ave	Add
		Flagler Beach, FL 32136	Remove
			_ □
			Add Remove
· · · · · · · · · · · · · · · · · · ·			Add
			-
			Add
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·			_ Add
			Remove
			Add
			Remove

	the license with a recognized Florida Real Estate Broker Doing Business As
	(DBA) "John Wilson".
	2. Business will also Do Business As (DBA) "Bromeliades R US" Selling plants
	at local farmer markets.
C	01/24/2013
.	AL 11.Wile
	Signature of a member or authorized representative of a member John H Wilson
	Typed or printed name of signee

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Filing Fee: \$25.00