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K. SALY EXAMINER

MAR 1 2 2014

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Light	Name of Limi	Management + ted Liability Company	Realty, LC
The enclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	<u>Chris</u>	M. ddlebrooks Name of Person	
	Lighthouse Pr	Firm/Company	nento Realty, LLC
	6015 E. Ma	orrow St. Svite	105
	Jackson	wille, FL 322	17
	E-mail address: (t	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	ail. Com
For further information co	oncerning this matter, please ca	di:	
Chris V Name of	Middle brooks	at (904) 803 - Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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 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

2014 MAR 10 PM 4:28

TALLAHASSEE. FLORIDA

The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number L 14 0000 23514 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Ma $AMBR = Au$	nnager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Alicia King	4430 Park Blvd. Nor Pinellas Park, FL 33	th DAdd
		Pinellas Park, EL 33	Remove
			□ Add
			□ Remove
			Add
		 	□ Remove
			 □ Add
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			A Remove
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		·	□ Remove

ve date, if other than the date of filing: (option
ctive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days aft this document is filed by the Florida Department of State)
March 5th, 2014.
Signature of a member or authorized representative of a member
Chris Middlobrooks

Page 3 of 3

Filing Fee: \$25.00