## L14000186166

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

DEC 10 2021



400376787744

11 33/21 --01015--007 \*\*25.00

2021 NOV 23 PM 3: 44 SECTION BY OF STATE

## **COVER LETTER**

TO:

•	tration Sec ion of Corp			
CUBURAT.	ighthouse F	bublishing and Promotions		
SUBJECT: _		Name of Lim	ited Liability Company	-
The enclosed A	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return a	ll correspon	dence concerning this matter	to the following:	
		Ms. Lecia J. Gray		
			Name of Person	
			Firm/Company	
		Mailing: PO Box 555007		
			Address	
		Mailing: Orlando/ Florida	32855	
			City/State and Zip Code	
		leciagray@aol.com	to be used for future annual report notif	fication)
For further info	ormation co	neerning this matter, please or		(Nation)
Lecia J. Gray			407 625-0410	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a c	theck for the	following amount:		
■ \$25.00 Fil	ing Fee	S30.00 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)
	ng Address stration Se		Street Address: Registration Sec	ction
		rporations	Division of Cor	
P.O.	Box 6327	•	The Centre of T	
Talla	ahassee, F	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## . ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lighthouse Publishing and Promo					
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited		were filed on June 21, 2021	and assigned		
Florida document number L14000186166	·				
This amendment is submitted to amend the fol	llowing:				
A. If amending name, enter the new name	of the limited liah	oility company here:			
N/A					
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "LLC" or the	abbreviation "L.L.C."		
Enter new principal offices address, if appli		N/A	<del></del>		
(Principal office address MUST BE A STRE	ET ADDRESS)				
Enter new mailing address, if applicable:		N/A			
(Mailing address MAY BE A POST OFFICE	E BOX)	N/A			
		N/A			
B. If amending the registered agent and/or agent and/or agent and/or the new registered office addr		address on our records, enter the na	me of the new register		
			. · . · · · · · · · · · · · · · · · · ·		
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A				
		Enter Florida street address	S S S		
	N/A	, Florida _	3 5		
		City	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 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
MGR	Lecia J. Gray	750 South Orange Trail, Suite 114	
		Orlando, Florida	□Remove
			Change
			□Add
			Remove
			Change
*			□Add
			Remove
			Change
			Remove
			Change
			🗀 Add
			□Remove
			Change
			□Add
			□ Remove
			Change

<del></del>			. ,,		<del></del>
			· · · · · · · · · · · · · · · · · · ·		
<del></del>				· ··· ·	
<del></del>		<del></del> ·			
	_ <del></del>				
					· · · · · · · · · · · · · · · · · · ·
				****	
<del> </del>					
fective date, if other t	e date must be specific in this block does no	and cannot be prior to tot meet the applica	o date of filing or more ble statutory filing re	(optiona than 90 days after fili equirements, this da	ng.) Pursuant to 605.0207
an effective date is listed, the ote: If the date inserted ocument's effective date	on the Department				
ote: If the date inserted ocument's effective date record specifies a delayer		not an effective tin	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
ote: If the date inserted		not an effective time.	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
ote: If the date inserted ocument's effective date record specifies a delayer is filed.		-, <del>2021</del> Ll Ci a d	ne, at 12:01 a.m. on		The 90th day after the