

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : PAUL A. KRASKER, P.A.  
Account Number : I20090000078  
Phone : (561) 801-7312  
Fax Number : (561) 515-3904

**\*\*Enter the email address for this business entity to be used for the annual report mailings. Enter only one email address please.\*\***

Email Address: clanien@lighthouse-tax.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LIGHTHOUSE TAX ADVISORS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

K. SALLY  
EXAMINER  
NOV 16 2015

FILED

2015 NOV 13 AM 11:28

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15 NOV 13 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Nov. 13. 2015 12:38PM

No. 2347 P. 2

1150002716423  
COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LIGHTHOUSE TAX ADVISORS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAMIEN REND

Name of Person

Firm/Company

5996 WIND CAVE LANE

Address

JACKSONVILLE, FL 32258

City/State and Zip Code

damien@lighthousea.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAMIEN REND

843 697-7759  
at ( )

Name of Person

Area Code

Daytime Telephone 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)

☐ \$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

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Nov. 13. 2015 12:36PM

115000001680  
**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

No. 2347 P. 3

**FILED**

2015 NOV 13 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIGHTHOUSE TAX ADVISORS, 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 1/5/2015 and assigned  
Florida document number L15000001680

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

5996 WIND CAVE LANE

(Principal office address MUST BE A STREET ADDRESS)

JACKSONVILLE, FL 32258

Enter new mailing address, if applicable:

P.O. 1549

(Mailing address MAY BE A POST OFFICE BOX)

LADSON, SC 29456

**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:

DAMIEN REND

New Registered Office Address:

5996 WIND CAVE LANE

Enter Florida street address

JACKSONVILLE

Florida 32258

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

115000001680

Nov. 13. 2015 12:38PM

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**MIS002714423**  
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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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DEPT. OF STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated Nov. 13<sup>th</sup>, 2015.



Signature of a member or authorized representative of a member

DAMIEN REND

Typed or printed name of signee