

LIS 0000 16839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

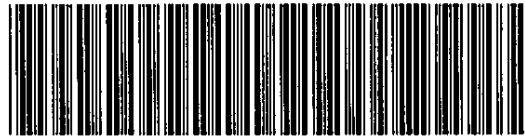
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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15 APR 21 AM 8:52  
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FILING OFFICE

APR 15 2015

CSC NCH  
BG/IFF OTHER

TO: PHYSICAL: Dept. of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

MAILING: Dept. of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

FROM: National Corporate Headquarters, Inc.  
5605 Riggins Court Suite 200  
Reno NV 89502  
(800) 638-2320  
(775) 329-0852

DATE: Wednesday, March 18, 2015

*SENT VIA USPS*

To Whom It May Concern:

Attached, please find the following document(s):

- Articles of Amendment to Articles of Organization  
for **LIGHTHOUSE PRINT DESIGN, LLC**

We have included payment in the amount of \$25.00 for the following fees:

- Filing fee

We have included one original and one copy of the Articles.

If there are any questions, please call 800-638-2320

**Please return the file stamped copy of the Articles to the  
address below:**

Processing Department  
5605 Riggins Court Suite 200  
Reno NV 89502

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: LIGHTHOUSE PRINT DESIGN, 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:

Karen Aiazzi

\_\_\_\_\_  
Name of Person

Corporate Service Center

\_\_\_\_\_  
Firm/Company

5605 Riggins Court Suite 200

\_\_\_\_\_  
Address

Reno, Nevada 89502

\_\_\_\_\_  
City/State and Zip Code

processingdepartment@nchinc.com

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

For further information concerning this matter, please call:

Processing Department

at ( 800 ) 638-2320

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 PRINT DESIGN, 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 01/28/2015 and assigned  
Florida document number L15000016839.

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:

1432 Kipling Lane

**(Principal office address MUST BE A STREET ADDRESS)**

Ponte Vedra, FL 32081

Enter new mailing address, if applicable:

PO Box 2105

**(Mailing address MAY BE A POST OFFICE BOX)**

St Augustine, FL 32085

**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:

Jesse Wyatt

New Registered Office Address:

1432 Kipling Lane

Enter Florida street address

Ponte Vedra

Florida 32081

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**

**Page 1 of 3**

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	Jesse Wyatt	PO Box 2105	<input checked="" type="checkbox"/> Add
		Saint Augustine, FL 32085	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 18<sup>th</sup>, 2015

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Jesse Wyatt

\_\_\_\_\_  
Typed or printed name of signer

FILED  
MAR 19 2015  
TALLAHASSEE, FLORIDA  
CLERK OF THE CIRCUIT COURT