(Re	questor's Name)	
- (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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10/03/19--01010--012 **25.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Lighthouse Partners Favrational Consulting, L 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:
BOO FOVTOGIG Name of Person
Lighthouse Partners
727 215 Ave. V. Address
St. Petersburn FL 33704 City/State and 21p Code Dobr Fortig16 @ gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
BOD FOX 1624 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

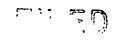
MAILING ADDRESS:

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



LIGHTHUSE PARTNERS TO (Name of the Limited Liability Comp. (A Florida Limited	And My Company Company on our records.
The Articles of Organization for this Limited Liability Compan Florida document number <u>L_(700109024</u> .)	14/21/200
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	nility 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)	727 215 Ave N Saint Petersburg, FL 33704
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	J27 21st Ave N Saint Petersburg, FL 33709
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the new ere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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
MBR	Karen Reterson	1931 Carolina Ave NE	
		1931 Carolina Ave NE 54. Petersburg. FL 33	703 □ Remove
			Change
			Add
			Remove
			Change
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fective date, if other than t an effective date is listed, the date r ote: If the date inserted in this ocument's effective date on the	block does no	ot meet the app	licable statutory	g or more than 90 d filing requireme	_(optional) ays after filing.) Purs nts, this date will i	nuant to 605.020 not be listed a
record specifies a delay The 90th day after the r			not an effect	ive time, at 1	2:01 a.m. on t	he earlier o
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			_			
	Signature of	a member or au	thorized represen	tative of a member		

Page 3 of 3

Filing Fee: \$25.00