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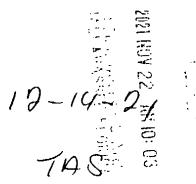
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## **COVER LETTER**

Division of Corp	orations			
SUBJECT: <u>Gui</u>	ding Light Reconstinuit	OVERY Croup L	LC	
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.		
Please return all correspon	ndence concerning this matter t	o the following:		
	Harry	Site of Person		***************************************
	Guiding Ligh	ht Recovery Coru	up.	
	227 S. La	heside Dr. #2	· · · · · · · · · · · · · · · · · · ·	
	Lake Wort	h FL 334160 City/State and Zip Code		_ <del></del>
		o be used for future annual report notif	ication)	<del></del>
For further information ec	oncerning this matter, please ca	H:		
1))(helle !	Person	at (541) 225 Area Code Daytime	894 e Telepho	ne Number
Enclosed is a check for th	e following amount:			
II \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	555.00 Filing Fee & Certified Copy (additional copy is enclosed)		\$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Guiding Light Recovery Go	OID LLC.
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	e appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L18000146103</u> .	(1,10)
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compar	ry," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	22
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 o	n our records, enter the name of the new registered
agent and/or the new registered office address here:	Şe &
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>	Nume	Address	Type of Action
AMBR	Michelle Martinez	227 S. Lalesirle Dr # 3	
		Lake Worth FL 33460	<b>Z</b> Remove
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			□Remove
			□Change
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tive date, if o	ther than the		9 17 2021	(optional more than 90 days after filing	) c'i Pursuant to 605 ()
: If the date in	serted in this blo	ck does not meet the	applicable statutory fil	ing requirements, this date	
ment's effectiv	e date on the De	partment of State's r	ecords.		
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-	- 1'	Signature of a member.	or authorized/representati	ve of a member	