## 119000038172

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(======, ====,
(Document Number)
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## **COVER LETTER**

10;	Division o	Corporations
SUBJE	Lightl	ouse Treasures LLC
JODGE	C1.	Name of Limited Liability Company
The enc	losed Articl	s of Amendment and fee(s) are submitted for filing.
Please re	etum all cor	espondence concerning this matter to the following:
		Sonya L Laney
		Name of Person
		Sonya L Laney CPA
		Firm/Company
		5131 S Ridgewood Ave Ste F
		Address
		Port Orange, FL 32127
		City/State and Zip Code
		lighthousetreasures3@gmail.com  E-mail address: (to be used for future annual report notification)
For furth	ner informat	on concerning this matter, please call:
Todd V	-	386 492-2503 at ()
	N:	me of Person Area Code Daytime Telephone Number
Enclosed	i is a check	for the following amount:
<b>■</b> \$25.	00 Filing Fe	Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 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

Lighthouse Treasures 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 02/03/2019	and assigned 🚫
Florida document number L19000038172		and assigned
This amendment is submitted to amend the following:		رخ خ
it its affectancia is submitted to affected the following.		26
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	•	
Principal office address MUST BE A STREET ADDRESS)		···-
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
registered agent and/or the new registered office address her  Name of New Registered Agent:	<u>e</u> :	
New Registered Office Address:	Enter Florida street addr	
	r.nier r iorida sireei adari	133
	, F	lorida Zip Code
Jan Dariet and America Cincatana Historian Decisioned America	•	ziqi code
New Registered Agent's Signature, if changing Registered Agent		
I hereby accept the appointment as registered agent and agrorovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, oprovided for in Chapter 605	and I am familiar with and F.S. Or, if this document is
If Cha	nging Registered Agent, Signature	e 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>	<u>Address</u>	Type of Action
MGR	Meagan Lynn Klein	5346 S Ridgwood Ave	
		Port Orange, FL 32127	
			Remove
			Change
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Effective date, if other the fan effective date is listed, the Note: If the date inserted indocument's effective date of	date must be specific in this block does no	and cannot be prior to of meet the applicat	date of filing or more th	(optional) nan 90 days after filing.) P guirements, this date wi	tursuant to 605.020 Ill not be listed as
			an effective time	, at 12:01 a.m. or	the earlier o
le record specifies a c The 90th day after t	he record is file				
	he record is file	2019			
The 90th day after t		2019	zed representative of a	manhar	

Page 3 of 3

Filing Fee: \$25.00