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2023 SEP 29 AH 8: 4:2



COVER LETTER

TO: Registration Se Division of Cor			•
SUBJECT: Light	house Treasures Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SONYA L	LaneY Name of Person	
	SONYA L L	GARY CPA Firm/Company	
	_ 5131 S R	<u>'dgewood Aue St</u> Address	e F
		FL 32127 City/State and Zip Code Co	
For further information c	E-mail address: (·	fication)
Brian Ligh	\tf Person	at (<u>386</u>) <u>405 –</u> Area Code Daytim	6488 e Telephone Number
Enclosed is a check for the	ne following amount:		
⊠ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>wanng Addres</u> Registration S	Section	Street Agaress: Registration Sec	
Division of C F.O. BOX 052	-	Division of Cor	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lighthouse Treasur	res LLC		
(A Florida	ity Company as it now appears on our records.) la Limited Liability Company)		
	2/6/2019		
The Articles of Organization for this Limited Liability C	Company were filed on 64/81/2023	and ass	igned
Horida document number <u>L1900038172</u>	<u></u> .		
ans amenument is submitted to amend the following:			
ins alterialient is stormed to talend the londoning.			
A. If amending name, enter the new name of the lim	nited liability company here:		
The new name must be distinguishable and contain the words "Lam	nited Etability Company," the designation "LLC" or the abbr	eviation "L.	L.C."
•	,		
Enter new principal offices address, if applicable:		<u> </u>	
Principal office address MUST BE A STREET ADDI	RESS)	2023	
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Enter new mailing address, if applicable:		<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	<u> </u>	<u> </u>
		- 5	
3. If amending the registered agent and/or registere	ed office address on our records, enter the name	of the nev	v registe
gent and/or the new registered office address here:			
gent and/or the new registered office address here:			
gent and/or the new registered office address here: Name of New Registered Agent:			
Name of New Registered Agent:	Enter Florida strect address		

I hereby accept the appointment as registered agent and agree to act in his capacity, I jurifier 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>	Name	Address	Type of Action
MGR	Todd M V.Snaw	5346 S Ridgewood Ave	2_ □Add
		Port orange FL 32127	X Remove
			□Change
			□Add
			□Remove
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