L190000041031

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TO:	Registration Se Division of Cor			
euntez				
SUBJEC	ol:	Name of Lim	ited Liability Company	_
Please re	eturn all correspo	indence concerning this matter	to the following:	
		Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. spondence concerning this matter to the following: Mary Ebanks-Nunaihed Name of Person Lighthouse Pilates, LLC Firm/Company 4315 Polk Street Address Hollywood/Florida/33021 City/State and Zip Code maryecbanks@yahoo.com E-mail address: (to be used for future annual report notification) on concerning this matter, please call: ed 954 699-4690 at (
			Name of Person	
		Lighthouse Pilates, LLC		
	Firm/Company			_
		4315 Polk Street		
			Address	
		Hollywood/Florida/33021		
			City/State and Zip Code	
		-	to be used for feture around record polification)	
1. 6.4			·	202 - - -
		oncerning this matter, piease c	aii:	<u> </u>
Mary Et	oanks-Nunaihed		at()	
	Name o	f Person	Area Code Daytime Telephone Nun	ilipei .
Enclosed	d is a check for th	ne following amount:		
□ \$25.	00 Filing Fee		Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	0 Filing Fee, ficate of Status & fied Copy
	Mailing Addres Registration S			
	Division of C		Division of Corporations	

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

Lighthouse Pilates, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records nited Liability Company)	P)
he Articles of Organization for this Limited Liability Comp	pany were filed on February 11, 2019	and assigned
Florida document number L19000041031		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Lighthouse Pilates & Physical Therapy, LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRES	<u>s)</u>	<u> </u>
		7. 2
Enter new mailing address, if applicable:	N/A	
Mailing address MAY BE A POST OFFICE BOX)		<u>></u>
		C) - 1919
		0
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enter Florida street address	(
		orida
	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 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
N/A			□Add
			□Remove
			□Change
			□Add
			□Remove
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ote: If the date inserted in this	April 30, 2021 ne date of filing: nust be specific and cannot be prior to date of filing or moblock does not meet the applicable statutory filing Department of State's records.	(optional) ore than 90 days after filing.) Pursuant to 605 requirements, this date will not be list	5.020 ted as
record specifies a delayed effect is filed.	ive date, but not an effective time, at 12:01 a.m. o	n the earlier of: (b) The 90th day afte	er the
April 7	2021		
\mathcal{M}	My E. (Tr.n.b. Muncuber) Signature of a member or authorized representative of	of a member	
Mary Ebanks-Nunaih			
	Typed or printed name of signee		