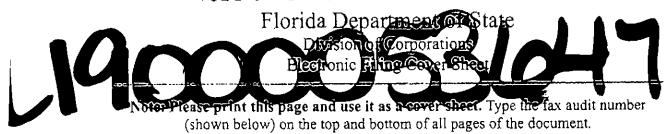
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H2000035124 Major & Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : KAYALI & CO., P.A.

Account Number : I20150000100

: (813)899-9642

Fax Number

: (813)899-9793

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Info @ Chaoskicsm

LLC AMND/RESTATE/CORRECT OR M/MG RESIGNS LIGHTHOUSE INVESTMENTS OF FLORIDA LLC

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COVER LETTER H200003512163

TO: Registration Section
Division of Corporations

LIGHTHOUSE INVESTMENTS OF FLORIDA LLC

SORTECT:	Name of Lin	nited Liability Company	······································
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Name of Person	•
	KAYALI & CO., PA		
		Firm/Company	
	10630 N 56TH ST., STE	205	
		Address	
	TAMPA, FL 33617		
		City/State and Zip Code	
	info@cpaosk.com		
	E-mail address: (to be used for future annual report	notification)
For further information c	oncerning this matter, please o	all:	
OSAMA S KAYALI, CPA		813 899-9642 at ()	2
Name o	f Person		vtime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Malling Addres Registration S Division of C P.O. Box 632 Tallahassee, 1	Section orporations 7		Section

H200003512163

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT H20003512163 TO ARTICLES OF ORGANIZATION OF

and assigned
reviation "L.L.C."
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of the new regi

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

KAYALI FAX

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

H200003512163

Title	<u>Name</u>	Address	Type of Action
AMBR	JAMES M SMITH	609 SOUTH WILLOW AVE	
		TAMPA, FL 33606	Remove
			Change
AMBR		11373 BROOKGREEN DRIVE	□ Add
	REALTY ILS GAS CORP	TAMPA, FL 33624	■Remove
			□Chánge
AMBR	GHANDI HALABI	11373 BROOKGREEN DRIVE	__ Add
		TAMPA, FL 33624	Add Remover
			- B Changer
			———— □Remove
			□Change
			□Add
			🖸 Remove
			Change
			□Remove
			□ Change

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If amending any other informati		•		
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Effective date, if other than the configuration of the date is listed, the date must Note: If the date inserted in this bloodocument's effective date on the Department.	be specific and cannot be prior to date of ck does not meet the applicable state	filing or more than 90 days after	filing.) Pursuant to	605.0207 listed as
ne record specifies a delayed effective ord is filed.	date, but not an effective time, at 12	:01 a.m. on the earlier of: (b) The 90th day a	after the
OCTOBER 6	2020			
	Signature of a member or authorized repr	resentative of a member	<u></u>	-

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Filing Fee: \$25.00