

L19 000098488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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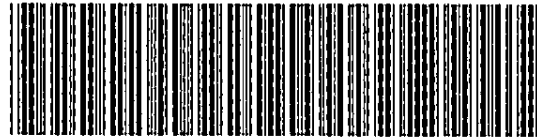
(Business Entity Name)

(Document Number)

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2/10/21
[Signature]

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: VETERANS LIGHTHOUSE ELECTRIC, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TRACY D. FRANK

Name of Person

DIRECTAX

Firm/Company

21-3 ARLINGTON ROAD NORTH

Address

JACKSONVILLE, FL 32211

City/State and Zip Code

DIRECTTAXSERVICE@BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT L. TURNER

904 568-5702

at ()

Name of Person

Area Code

Daytime Telephone Number

closed is a check for the following amount:

\$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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**

Veterans Lighthouse Electric 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 04/17/2019 and assigned
Florida document number L19000098488.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The 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: _____

(Principal office address MUST BE A STREET ADDRESS) _____

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 on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, **Florida** _____
City Zip Code

Registered Agent's Signature, if changing Registered Agent:

*by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and
the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is
led to merely reflect a change in the registered office address, I hereby confirm that the limited liability
has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

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Authorized to manage, enter the title, name, and address of each person being added

Notes:

AMGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Troy Olsen	2549 Wedgetfield Blvd.	<input type="checkbox"/> Add
		Jacksonville, FL 32211	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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December 28
ed _____

2020

Signature of a member or authorized representative of a member

Robert L Turner

Typed or printed name of signee

Filing Fee: \$25.00