## L19 000 257 202

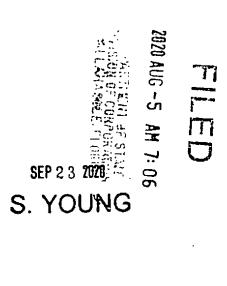
(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
(Social Name)	
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Special Instructions to Filing Officer:	
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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
SUBJECT The /	Sound Cod 11	116	
SORTECT: INT I	Orey Lanth nucle Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Florida 3277 8  City/State and Zip Code  Survey Lighthouse LLC  Name of Limited Liability Company  of Amendment and fee(s) are submitted for filing.  pondence concerning this matter to the following:  Survey Apostol  Name of Person  (SYTU Lighthouse LLL  Firm/Company  7919 Growth Park Blvd.  Address  Taylorts Florida 3277 8  City/State and Zip Code  Survey Against Com  15-mail-address: (to be used for future annual report notification)  or concerning this matter, please call:  Area Code  Daytime Telephone Number  The following amount:  [] \$30.00 Filing Fee & Certificate of Status  Certified Copy  (additional copy is enclosed)		
	Amendment and fee(s) are submitted for filing.  Address  Tavave L.M.  Firm/Company  2919		
	_brry bighthau	SC 1.17 Firm/Company	
	2919 Frowah P	And fee(s) are submitted for filing.  Cerning this matter to the following:  MACL Apostol  Name of Person  Culify House IM  Firm/Company  Etowah Park Blvd.  Address  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  And Address: (to be used for future annual report notification)  his matter, please call:  at (252) 217 - 3415  Area Code  Daytime Telephone Number  g amount:  O Filing Fee & S55.00 Filing Fee & S60.00 Fiting Fee, certificate of Status & Certified Copy  (additional copy is enclosed)  Certificate Of Status & Certified Copy  (additional copy is enclosed)	
			fication)
For further information co	oncerning this matter, please ca	all:	
Samuel Ap	cstol	at ( 352 ) 217 -	3415
Name 6	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
☑ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address Registration S		· · · · · · · · · · · · · · · · · · ·	etion
Division of C		Registration Se- Division of Cor	
P.O. Box 632	7	The Centre of T	allahassee
Tallahassee, F	L 32314	2415 N. Monro	e Street, Suite 810

RECEIVED AUG 0 5 2020

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ the Grey Lighthouse	LLC	
( <u>Name of the Ei<del>m</del>ited Liability C</u> (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	37.03
	1. 1	E 1
The Articles of Organization for this Limited Liability Com	pany were filed on 10/14/2019	and assigned
Florida document number <u>L 19 000 257 202</u> .		ACCEPT TO THE
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	<b>6</b>
Grey Lighthause IIC		
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 ADDRES		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
(Mulling dutiess MAT BE A FOST OFFICE BOX)		
B. If amending the registered agent and/or registered of	fice address on our records, enter the	name of the new registered
agent and/or the new registered office address here:		The state of the s
Name of New Registered Agent:		
Navy Davissand Office Address		
New Registered Office Address:	Enter Florida street address	· <u> </u>
	· ·	
	, Florid	a
New Registered Agent's Signature, if changing Registered Ag	•	,

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

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>	Address	Type of Action
MGR	Samuel Apostol	2919 Howah Park Blvd.	□Add
		Tavares, FL 32778	□Remove
AMBIZ_	Ellenisse Apostol	2919 Howah Park Blvd.	Dbb
		Tavans FL 32778	□Remove
			☑Change
MABR	Sarah Apostol	34112 Madiera Lane	□Add
		Socreto; fr 32776	□Remove
			□Add
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an effective date is listed lote: If the date insert	er than the date of filing the date must be specific and ted in this block does not re	d cannot be prior to date neet the applicable s			
ocument's effective d	ate on the Department of S	State's records.			
record specifies a dela	iyed effective date, but not	t an effective time, a	t 12:01 a.m. on the ea	rlier of: (b) The 90th (	day after the
is filed.					
	July 24th	, <u>2020</u> .	Λ	1	
	July 24th	, 2020 Cn/	Ann	<i>•</i>	
d is filed. Pated	Signature of a	, 1020 member or authorized	representative of a mem	her	

ET B COLO