



## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Lightheory 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:

Gary M Ricker

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

1500 Ohio Ave N.E.

\_\_\_\_\_  
Address

Saint Petersburg Florida 33703

\_\_\_\_\_  
City/State and Zip Code

sales@rfessentials.com

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

For further information concerning this matter, please call:

Gary Ricker

413

687-5345

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed 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**

7:11 PM 11/12/19

Lighthouse 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 October 16, 2019 and assigned  
Florida document number L19000260193.

This amendment is submitted to amend the following:

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

RF Essentials LLC

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

**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**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

Scenario	Initial State	Final State	Operation
Scenario 1	Initial State	Final State	<input type="checkbox"/> Add
Scenario 2	Initial State	Final State	<input type="checkbox"/> Remove
Scenario 3	Initial State	Final State	<input type="checkbox"/> Change
Scenario 4	Initial State	Final State	<input type="checkbox"/> Add
Scenario 5	Initial State	Final State	<input type="checkbox"/> Remove
Scenario 6	Initial State	Final State	<input type="checkbox"/> Change
Scenario 7	Initial State	Final State	<input type="checkbox"/> Add
Scenario 8	Initial State	Final State	<input type="checkbox"/> Remove
Scenario 9	Initial State	Final State	<input type="checkbox"/> Change
Scenario 10	Initial State	Final State	<input type="checkbox"/> Add
Scenario 11	Initial State	Final State	<input type="checkbox"/> Remove
Scenario 12	Initial State	Final State	<input type="checkbox"/> Change
Scenario 13	Initial State	Final State	<input type="checkbox"/> Add
Scenario 14	Initial State	Final State	<input type="checkbox"/> Remove
Scenario 15	Initial State	Final State	<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 07/10/2020

11:05 a.m

Signature of a member or authorized representative of a member

Gary M Ricker

Typed or printed name of signee

**Filing Fee: \$25.00**