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(Re	equestor's Name)	
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COVER LETTER

TO:	Registration S Division of Co	ection rporations	• • •
SUBJEC	Lightway I	Realty, LLC	
SOBJEC		Name of Lin	nited Liability Company
The encl	osed Articles of	Amendment and fee(s) are sul	bmitted for filing.
Please re	turn all correspo	ondence concerning this matter	to the following:
		Kevin Lyons	
			Name of Person
			Firm/Company
		1819 Main Street, Suite 16	96
			Address
		Sarasota, FL 34236	
			City/State and Zip Code
		kevin@generationswp.com	(to be used for future annual report notification)
For furth	er information c	concerning this matter, please c	·
Kevin Ly	ons .		941 302-4966 at ()
	Name o	f Person	Area Code Daytime Telephone Number
Enclosed	is a check for th	ne following amount:	
□ \$2 5.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
I I	Mailing Addres Registration S Division of C P.O. Box 632 Fallahassee, I	Section orporations 7	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**

2.2. -3 [1:57

Lightway Realty LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our renited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Comp Florida document number L20000021701	pany were filed on 1/14/2020	and assigned
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 ADDRES.	<u></u>	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>en</u>	iter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		, Florida
	City	Zip Code

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>	Name	<u>Address</u>	Type of Action
AMBR	Kevin M. Lyons	1819 Main Street, Suite 106, Sarasota, FL 34236	□Add
			Remove
			□Change
AMBR	Cole Collins	1819 Main Street, Suite 106, Sarasota, FL 34236	
			Remove
			Change
AMBR	CCKL Holdings, LLC	1819 Main Street, Suite 106, Sarasota, FL 34236	= Add
			□Remove
			□Change
			□Add
			Remove
			□ Change
			□Add
		***************************************	Remove
			Change
			
			□Remove
			Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
an effect ote: If	e date, if other than the date of filing:
ecord s is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after l.
ited	10/5/20, 2020
	Me en
	Signature of a member or authorized representative of a member Company Company

Filing Fee: \$25.00