L20000123888

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COVER LETTER

TO: Registration S Division of Co				
Laterns 5, SUBJECT:				
SUBJECT:		nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Jim McCarthy			
		Name of Person	· · · · · · · · · · · · · · · · · · ·	
		Firm/Company		
	806 Lake Ave			
		Address		
	Spring Lake, NJ 07762			
		City/State and Zip Code		
	jmac3434@hotmail.com			
For further information of	E-mail address:	to be used for future annual report no all:	tification)	
Jim McCarthy		732 996-4351		
Name o	of Person	Area Code Daytii	me Telephone Number	
Enclosed is a check for t	he 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 tadditional copy is enclosed	
Mailing Address: Registration Section		Street Address: Registration So	ection	
Division of Corporations		Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Laterns 5		י בל
(Name of the Limited)	iability Company as it now appears on our records.) Florida Limited Liability Company)	, n
The Articles of Organization for this Limited Liabi Florida document number \(\frac{\lambda 20000123888}{\lambda}\)	lity Company were filed on 5 18 2020	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
Lanterns 5, LLC		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	X)	
B. If amending the registered agent and/or registered agent and/or the new registered office address h		name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florida	a
_	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
		 	□ Remove
			Change
		.	□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			
			□Change
. 			□Add
			Remove
			□ Channa

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
JUST NAME Change From Lateins 5 LLC to
JUST NAME CHANGE FROM LATERNS 5 LLC to LANTERNS 5 LLC
Everything elsestays the same

E. Effective date, if other than the date of filing:
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 FEBAUARY 2ND . 2021. Signature of a member or authorized representative of a member
Jomes N°Cathy - MGR Typed or printed name of signee