## 120000 340608

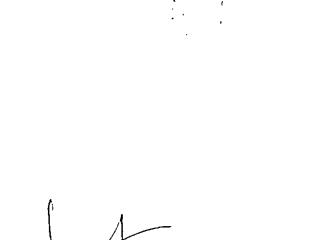
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



200364892252

04/26/21--01010--026 \*\*25.00



## **COVER LETTER**

Tallahassee, FL 32314

	ion Section of Corporations					
	lina Lighthouse, LLC					
Name of Limited Liability Company						
The enclosed Artic	eles of Amendment and fee(s) are sub	omitted for filing.				
Please return all co	prrespondence concerning this matter	to the following:				
	Sean Lyles					
		Name of Person				
	1271 Shakespeare Place #	103	:			
		Address				
	Celebration, FL 34747					
		City/State and Zip Code				
	orfrealtor   @gmail.com					
	E-mail address:	(to be used for future annual report notifi	cation)			
For further informa	ation concerning this matter, please of	call:				
Sean Lyles		407 619-6153				
1	Name of Person	Area Code Daytime	Telephone Number			
Enclosed is a check	k for the following amount:					
<b>■</b> \$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 /		Street Address:				
Registration Section		Registration Sec Division of Corp				
Division of Corporations P.O. Box 6327			The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Carolina Lighthouse, LLC.		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company		and assigned
Florida document number L20000340608		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Carolina Fixer, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r 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)		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida Zip Code
	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 added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

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