L21000 137636

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(Address)	
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(Business Entity Name)	
(Document Number)	
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TABLE OF COMPERATE PARTY

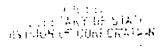
COVER LETTER

TO:

Registration Section

Division of Corpo			
SUBJECT: 500	th Florida Name of Limi	Lighthouse lited Liability Company	Remodeling
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Deana R	•	
	South F	lovida Lightho Firm/Company	use Remodeling
		Federal Huy Address	
	Boca Lator	City/State and Zip Code by 670 Yahoo. C	32
		by 670 Yahoo. C	om
For further information cor	ncerning this matter, please ca	all:	
Charles R Name of I	O Y Person	at (954) 592- Area Code Daytime	3762 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 Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations	Street Address: Registration Sect Division of Corpo The Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations llahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Zip Code

South Florida Lighthouse Remodering Prisite
(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 $\frac{3/17/21}{L21000137636}$ and assigned orida document number $L21000137636$
is amendment is submitted to amend the following:
If amending name, enter the new name of the limited liability company here:
e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
rincipal office address MUST BE A STREET ADDRESS)
nter new mailing address, if applicable: Jailing address MAY BE A POST OFFICE BOX)
If amending the registered agent and/or registered office address on our records, enter the name of the new registered ent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
Florida

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.

City

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

Address | S Federal HWY # 17 PMT Sipt of Action Boxa Raton, FL 33432 XAdd **Title** <u>Name</u> Charles Roy ______ □Remove _____ □ Change □Add _____ □Change _____ □Remove ☐ Change □Remove _____ □Remove _____ □Change _____ □Add Remove _____ □Change

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Effective date, if other than the date of filing: [If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.		
te record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of ord is filed.	f: (b) The 90th	ı day after the
Dated 4/19/21		
Signature of a member or authorized representative of a member		
Deana Runkle		