LZ1000289084

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2021 JUL 26 PH 6: 42 SECRETARY OF STATE

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COVER LETTER

Division of Co					
Aniger Lig	ghthouse LLC				
SUBJECT.	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	LEXIE RIVERS				
		Name of Person			
	PRIME CORPORATE SE	RVICES			
	······	Firm/Company			
	5250 S Commerce Dr Ste	200			
		Address			
	Murray, UT 84107				
		City/State and Zip Code		202 SE	
	llcsupport@primecorporate			156 E	
For further information of	E-mail address: (concerning this matter, please ca	to be used for future annual report notificall:	ation)	2021 JUL 26 PH 6: 42	1911 E.S.
LEXIE RIVERS		855 577-4639 at ()		SEE B	
Name o	of Person	Area Code Daytime T	Telephone Number	151E	
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

MAILING ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aniger Lighthouse LLC		
(Name of the Limitee	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	bility Company were filed on 6/22/2021	and assigned
Florida document number 1.21000289084		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	OX)	
B. If amending the registered agent and/or registered agent and/or the new registered officers.	r registered office address on our records, <u>enter</u> ce address here:	the name of the new
		26
Name of New Registered Agent:		- III
New Registered Office Address:		mo o
	Enter Florida street address	F 75
	, 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

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Regina R Dean	7901 4th Street North Suite 300	
		St. Petersburg, FL 33702	☐ Remove
			■ Change
			Add
			☐ Remove
			☐ Change
			ZE JUI
			ALLOCK PH 6: 12
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ective date, if other than the	e date of filing:		_ (optional)	
te: If the date inserted in this	ust be specific and cannot be prior to block does not meet the applica Department of State's records.	o date of filing or more than 90 d ble statutory filing requireme	ays after filing.) Pursuant to 605, ints, this date will not be liste	.0201 ed as
record specifies a delay The 90th day after the re	ed effective date, but not cord is filed.	an effective time, at 1	2:01 a.m. on the earlie	er o
7/13	2021			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00