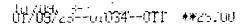
L210005271242

(Requestor's Name)
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COVER LETTER

Division of Cor			
	MARKETING 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:	
	Mark J. Lightner III		
		Name of Person	
	Lightner Professional Serv	rices LLC	
		Firm/Company	
	245 Concord Way		
		Address	
	Melbourne FL 32940		
	mark.lightner@outlook.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	lication)
for further information c	oncerning this matter, please c	all:	
Mark Lightner		321 3380019	
Name o	of Person	at () Area Code Daytime	e Telephone Number
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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

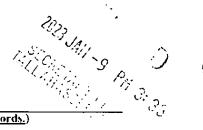
Mailing Address:

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

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



MARKIE MARKETING LLC

(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 v	vere filed on 12/14/202	and assigned
Florida document number L21000527242		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
Lightner Professional Services LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation	on "LLC" or 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)		
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	ldress on our records,	enter the name of the new registered
agent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t address
	City	, 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.

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>	Address	Type of Action
			□ Add
			Remove
			Change
			□ Add
			□Remove
			☐ Change
			□Add
			[I]Remove
			☐ Change
			□Add
			□Remove
			□Change
			□ Add
		<u></u>	Remove
			Change
			🗆 Add
			Remove
			□ Chanua

Please iş	gnore the last form and use this form instead. I placed a check in the last envelope, but put one in this one
as well j	iust to make sure. THANK YOU!!! :)
<u> </u>	
	
i effective da <u>te:</u> If the d	e, if other than the date of filing:
cord specif s filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte
January ted	y 5th 2023
	M 1 X 1 II

T3:11 T3 #55 A4