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COVER LETTER

	gistration S vision of Co				
SUBJECT:	Lighthouse	Mortgage Solutions LLC			
		Name of Li	mited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are su	ibmitted for filing		
		ondence concerning this matte			
		Jodi Lwin			
			Name of Person		
		Lighthouse Mortgage Sol	utions LLC		
			Firm/Company		
		1420 Celebration Blvd.,S	uite 200		
			Address		
		Celebration, FL 34747			
		jodi@lighthousemtg.com	City/State and Zip Code		
			to be used for future annual rep	Ort put ficetion	
For further inf	formation co	oncerning this matter, please o		or nounceston)	
Jodi Lwin			407 70285	41	
	Name of	Person	at () Area Code	Daytime Telephone Number	
Enclosed is a c	heck for the	following amount:			
□ \$25.00 Fil		■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	ng Address:		Street Addre		
Registration Section Division of Corporations			Registration Section		
P.O.	Box 6327		Division of Corporations The Centre of Tallahassee		
Talla	hassec, FI	L 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the United Liability Company as it no (A Florida Limited Liability Co	SOLUTIONS ()(v appears on our records.)
The Articles of Organization for this Limited Liability Company were filed Florida document number L22000029850	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any here:
The new name must be distinguishable and contain the words "Limited Liability Company	
Enter new principal offices address, if applicable:	y," the designation "LLC" or the abbreviation "L.C."
(Principal office address MUST BE A STREET ADDRESS)	9 D
	77
Enter new mailing address, if applicable:	5: 22 Carlo
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Ent	er Florida street address
City	, Florida
New Posterous A. 11 Ct. 12 Ct.	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	Deana La Rosa	1420 Celebration Blvd., Suite 200	_
		Celebration, FL 34747	
			□Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
			□Add
			□ Change
			□Add
			□Rcmove
			□Change
			
			□Remove
			□ Change

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ffective an offer Note: I locume	ve date, if other than the date of filing:
record I is file	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 d.
ated _	November 25 2024 /
	Signature of a member of a ulthorized representative of a member
	1 0

Filing Fee: \$25.00