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2022 AUG -8 AM 8: 12 SECTAL BANY OF STATE TALL AHASSEE, FL

COVER LETTER

Division of Corporations	
SUBJECT: Light Side Services LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Thomas J. DiNapoli Name of Person	
Light Side Services UC Firm/Company	
7504 Kenwood Rd. Address	
Ft. Pierce, FL 3-1951 City/State and Zip Code	
Lightside Services Luc 29 mail. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Thomas J. Di Napoli at (904) 878-5334 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solution Status Solution Sta	

Mailing Address:

TO:

Registration Section

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

FILED

Light Side Sev	rvices U		7027 AUG -8 AM 8: 1-2
(Name of the Limited L (A F	iability Company as it n lorida Limited Liability C	ow appears on c lompany)	PUT records, LCASTARY OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Liabil	ity Company were fil	led on <u>al</u>	14 2022 and assigned
Florida document number <u>L220008</u>	<u> </u>		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liability cor	npany bere:	
The new name must be distinguishable and contain the words	"Limited Liability Comp	any," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	::		
Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
	<u></u>	<u>-</u> .	
B. If amending the registered agent and/or regis agent and/or the new registered office address he		on our record	ds, <u>enter the name of the new register</u>
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida str	reet address
	City		, Florida

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
4A	Jennifer L. DiNapoli	1504 Kenwood Rd.	□Add
		Ft. Pierce, FC 34951	Remove
			Change
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			□Remove
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Tective date, if other than the date of filing:	(optio	nal)		
an effective date is listed, the date must be specific and cannot be prior to date of filing or more of the date inserted in this block does not meet the applicable statutory filing re	than 90 days after	filing.) Purs	nuant to 6	05.020
occument's effective date on the Department of State's records.	.qun ements, uns	uzic wiii	100 00 11	sicu a
e record specifies a delayed effective date, but not an effective time. The 90th day after the record is filed.	e, at 12:01 a	.m. on t	he ear	lier o
The sour day after the record is med.				
ated ×1312022				
ated $8/3/2022$				
Signature of a member or authorized representative of a				