L22000389331

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COVER LETTER

TO: Registration Section

Division of Corporations

LIGHTH SUBJECT:	OUSE TEAM REALTY, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	of Amendment and fec(s) are sub	mitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Wilmer Villanueva			
		Name of Person		
	LIGHTHOUSE TEAM R	EALTY, LLC		
		Firm/Company		2024
	11264 SW 236 St			2024 JUL 26 NH
		Address		26
	Homestead, FL 33032			三宝
		City/State and Zip Code		9: 28
	wilmer@lighthouserea.com			Ø
	E-mail address: (to be used for future annual report noti	fication)	
For further information	concerning this matter, please c	all:		
Wilmer Villanueva		786 203-5898		
Name	of Person	Area Code Daytim	e 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)	Certified	e of Status &
Mailing Addr Registration Division of P.O. Box 61 Tallahassee	Section Corporations 327	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations	10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIGHTHOUSE TEAM REALTY, LLC		
(<u>Name of the Limited Lial</u> (A Flor	<mark>bility Company as it now appears on our records.</mark> rida Limited Liability Company))
The Articles of Organization for this Limited Liability Florida document number 122000389331	/ Company were filed on	and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	29
LIGHTHOUSE CAPITAL REALTY, LLC		2024 .
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC"	or the abbreviation: "L.L.C."
Enter new principal offices address, if applicable:		25 1
Principal office address MUST BE A STREET AD	DRESS)	= -
		<u> </u>
		28
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address here		he name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flor	rida
-	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
			□Add
			2021 Remove 7
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