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Y. SCOTT JUN 1 1 2023

COVER LETTER	
TO: Registration Section Division of Corporations	
SUBJECT Lighthouse 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:	
Sumner Sheffield Name of Person	
Lighthouse Services LLC Firm/Company	,
11282 SW 105th Ave Address	
City/State and Zip Code LHService. Fl@ 9mail. com E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
Name of Person at (352), 426, 9347 Area Code Daytime Telephone Number	
inclosed is a check for the following amount:	
□ \$25.00 Filing Fee \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee Certificate of Status	itus &
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Complex Florida document number $\angle 22000431112$.	pany were filed on OC+ 5 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited Lighthouse Movers of a The new name must be distinguishable and contain the words "Limited"	Liability company here:
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES)	S) 2173 PR 24
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	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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effective date is listed, the date must be specific and cannot be prio		than 90 days after	filing.) I	
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Signature of a member or auth	, ,			