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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Fmail	Address:			
Ellia T C	Auuless.			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STLIGHTHOUSE POINT GOVERNMENT RELATIONS, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIGHTHOUSE POINT GOVERNMENT RELATIONS, LLC



( <u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)			
The Articles of Organization for this Limited Liability Compa	any were filed on <u>03/23/2023</u>	and assigned		
Florida document number L23000148954				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	iability company here:			
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "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)				
		873		
		3		
3. If amending the registered agent and/or registered offic	ce address on our records, enter the	name of the new registe		
gent and/or the new registered office address here:	· <del></del>			
		7 <del>0 -</del> 27 <u>-</u>		
Name of New Registered Agent:		, ==		
Traine of New Registerer Agent.				
New Registered Office Address:				
	Enter Florida street address			
	. Florid	la		
	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 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
AMBR	Paul Roden	7901 4th St N STE 300	
		St. Petersburg, FL 33702	□Remove
AMBR	Hilda Roden	7901 4th St N STE 300	XAdd
		St. Petersburg, FL 33702	□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
<del></del>			🗀 Add
		- Allacate to	Remove
			□ Change

If amending any other infor	mation, enter change(s	) nere: (Altach addi	tional sheets, if neces	sary.)
				****
			<u> </u>	
			1	
		, <u></u>		
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	<del></del>			
Iffective date, if other than fan effective date is listed, the date Note: If the date inserted in this document's effective date on the	must be specific and cannot be s block does not meet the a	ipplicable statutory fil:	(option more than 90 days after fi ng requirements, this d	ling ) Pursuant to 605,0207 (
record specifies a delayed effect is filed.	ctive date, but not an effect	tive time, at 12:01 a.m	on the earlier of: (b)	The 90th day after the
Pated April 21	. 2023	<u>}</u> .		
	Signature of a member or	Smith		
	Signature of a member or	authorized representativ	e of a member	
	Na	at Smith		
		printed name of signee		

Filing Fee: \$25.00