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## **COVER LETTER**

TO: Registration Section

Division of Cor	porations		
DDTG Ligh	nthouse LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Daryelle D Lo Vece		
		Name of Person	
	DDTG Lighthouse LLC		
		Firm/Company	
	4550 NW 82nd Court		
		Address	
	Ocala, FL 34482		
	ddtglighthouse2024@gmail	City/State and Zip Code	
	E-mail address: (	to be used for future annual report no	otification)
For further information c	oncerning this matter, please ca	all:	
Daryelle D Lo Vece		352 812-4698 at ( )	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	<del>=</del>	Street Address:	Continu
Registration S Division of C		Registration S Division of C	
P.O. Box 632		The Centre of	Tallahassee
Tallahassee, l	FL 32314	2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DDTG Lighthouse LLC		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our record a Limited Liability Company)	<u>(s.</u> )
The Articles of Organization for this Limited Liability C		and assigned
Florida document number L24000270260	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere		the name of the new regi
agent and/or the new registered office address here:		•
Name of Name Davistand Assess		-
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	- ·-
	Enter r toriaa street daares	-
		orida
	City	гір Соае

## 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>	<u>Address</u>	Type of Action
Managing  Member	Daryelle D Lo Vece	4550 NW 82nd Ct, Ocala, FL 34482	Add
MUNDA			Remove
			Change
Member	Darrell Vealey	3959 SE 39th Circle, Ocala, FL 34480	<b>=</b> Add
			□Remove
			□ Change
Member	Tyler Lindsey	3855 SE 38th Loop, Ocala, FL 34480	<b>=</b> Add
			□Remove
Member	Glen McKeon Revokable Trust	12913 SE 118th Terrace, Ocklawaha, FL 32179	<b>=</b> Add
			□ Remove
			□Change
	,		🗆 Add
			□Remove
			□ Change
			□ Add
			□Remove
			Change

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l is file	•	l effective date, bu	it not an effecti	ve time, at 12:01	l a.m. on the ear	rlier of: (b) Ti	ne 90th day afte	r the
	une 27.	121	2024.7 	<u>/                                    </u>				
ated _	1)4110	4 ( 1 )	1700	lece				
ated _	Dan	Signature	of a member or	authorized represe	entative of a mem	ber		

Filing Fee: \$25.00