

m24000015600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

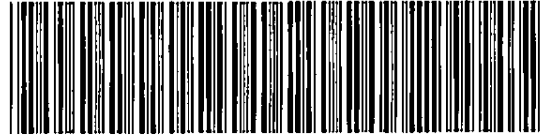
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900440560509

LLC Amend

FILED
2024 DEC 16 AM 10:39
CLERK OF STATE
2024 DEC 16 PM 4:24
CLERK OF STATE

A. RAMSEY

DEC 18, 2024

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: \$30.00

Authorization Signature *Jan Felt*

Lighthouse Development Partners LLC M24000015600

Business #Document

Walk in _____ Will wait _____

____ Certified Copies of the Articles of Incorporation –
X Certificate of Status

NEW FILINGS

____ Profit
____ Not for Profit
____ LLC
____ Domestication
____ INC
____ CORP
____ OTHER

AMENDMENTS

X Amendment
____ Resignation of R.A.
____ Change of Registered Agent
____ Dissolution/Withdrawal
____ Conversion
____ Statement of Authority
____ Merger
____ Amended and Restated Articles

OTHER FILINGS

____ Annual Report
____ Fictitious Name
____ Statement of Authority
____ APOSTIL _____

COUNTRY

REGISTRATION/QUALIFICATIONS

____ Foreign Filing
____ Partnership
____ Reinstatement
____ CORRECTION for a LLC
____ Domestication of a Foreign Corp.
____ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lighthouse Development Partners LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gary Sisler Jr

Name of Person

Lighthouse Development Partners

Firm/Company

360 Central Ave, Suite 800

Address

St. Petersburg, Florida 33701

City/State and Zip Code

hsisler@lighthousedevelopment.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gary Sisler Jr

at (336) 4133410

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☒ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State:

State: LIGHTHOUSE DEVELOPMENT PARTNERS LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M124000015600

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 12/12/2024

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____

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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGBB</u>	<u>SISLER, GARY, JR</u>	<u>360 Central Ave, Suite 800</u>	<input type="checkbox"/> Add
		<u>St. Petersburg, Florida 33701</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>SISLER, GARY, JR</u>	<u>360 Central Ave, Suite 800</u>	<input checked="" type="checkbox"/> Add
		<u>St. Petersburg, Florida 33701</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>SMITH, SEAN C</u>	<u>360 Central Ave, Suite 800</u>	<input checked="" type="checkbox"/> Add
		<u>St. Petersburg, Florida 33701</u>	<input type="checkbox"/> Remove
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Remove
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Gary Sisler
Typed or printed name of signee

Filing Fee: \$25.00