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COVER LETTER

TO: Amendment Section

Division of Corporations					
NAME OF CORPORATION:	Lights On Realty, Inc.				
DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
	Santos J Sandin Name of Contact Person Lights On Realty, Inc Firm Company 8263 U.S. HWY 301N, Address Parrish, FL 34219 City/ State and Zip Code Santisans Caol, Com				
E-mail address:	(to be used for future annual report notification)				
For further information concerning this mat	ter, please call:				
Santos J Sano	Area Code & Daytime Telephone Number				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:					
□ \$35 Filing Fee □\$43.75 Filing Certificate of					
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation

FILED

ight on Realty, Inc 2022 JAN-4 AM 11:34

Lights On	Realty, Inc
(Name of Corporation as currently	filed with the Florida Dept. of State ECRETARY OF STATE
P21000	06/6/6
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fit its Articles of Incorporation:	Iorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
\sim	The new
name must be distinguishable and contain the word "corporation," "co "Inc" or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
() The opin of the data can be a second of the second of t	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	N/A
(Florida stree	er address)
New Registered Office Address:	Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	gistered Agent, if changing

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>oc</u>		
X Remove	<u>V</u> <u>Mike Jones</u>				
X Add	<u>sv</u>	Sally Sr	<u>nith</u>		
Type of Action (Check One)	Title		Name	Address	
1) Change	\underline{V}	IR.	Jahzeely Ester Sandin	8263 U.S. HWY 301	
Add			J	Parrish, FL 34219	
Remove					
2) Change		_			
Add					
Remove 3) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		-			
Add					
Remove					
6) Change					
Add					
Remove					

Attach additional sheets, if necessary).	(Be specific)
1	
	1 - 20 - etc
orayisians for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) add	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date	e)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirement artment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction was not required.	ted by the incorporators, or board of directors without share	holder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	eted by the shareholders. The number of votes east for the artificient for approval.	mendment(s)
	oved by the shareholders through voting groups. The follow ach voting group entitled to vote separately on the amendme	
"The number of votes east for	or the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
, _	(voting group)	
selected.	ector, president or other officer – if directors or officers have by an incorporator – if in the hands of a receiver, trustee, or diduciary by that fiduciary)	
а рроши с	Santos J Sandin	\cap
, and	(Typed or printed name of person signing)	
_	President	
	(Title of person signing)	