L05000101029

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DIVISION OF COMPONENTS

B. Tollega JUL 18 2008

COVER LETTER

TO:

Registration Section Division of Corporations

MAILING ADDRESS:

Registration Section
Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

SUBJECT:		RMTION SYSTEMS LLC ited Liability Company)					
	Amendment and fee(s) are sub	_					
	MAURICIO JIMENEZ	(Name of Person)					
	BRIGHT INFORMATION	SYSTEMS LLC (Firm/Company)					
	400 SW 203 AVE	(Address)					
	PEMBROKE PINES FL	33029 (City/State and Zip Code)					
For further information concerning this matter, please call:							
J. MC	CGONIGLE (Person)	at (_954)_583-6666 (Area Code & Daytime T	'elephone Number)				
Enclosed is a check for the	e following amount:						
☑ \$25.00 Filing Fee	\$30.00 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)				

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRIGHT INFORMATION SYSTEMS LLC	_	F CO
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	무 약	RP ST
The Articles of Organization for this Limited Liability Company were filed on 10/13/2005	ىب and assig	medel (
Florida document number L05000101029		-2.
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here:		
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L'L.L.C."	LC" or the ab	 breviation
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)		
		
B. If amending the registered agent and/or registered office address on our records, <u>enter the registered agent and/or the new registered office address here:</u>	ne name of	the new
Name of New Registered Agent:		
New Registered Office Address: (Enter Florida street add	lress)	

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 608, 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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

(Zip Code)

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	JULIANA DIAZ		☐ Add ☑ Remove
<u>MGRM</u>	JULIANA RUIZ		☑ Add ☐ Remove
			_ ∱ Add _ Remove
			Add Remove
			☐ Add ☐ Remove
			·Add Remove
D. If ame	ending any other information	, enter change(s) here: (Attach additional sheets, if necessary.)	
-		GRM WAS ERRONEOUSLY SUBMITTED AS DIAZ; IT SHOULD	-
<u>.</u>	BE RUIZ.		-
Dated	JULY 11	2008 Novegle The of a member or authorized representative of a member	
	<u> </u>	SONIGLE, R.A. Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00