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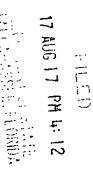
| (Ře | questor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | dress) | |
| (Ad | idress) | |
| (Cit | ty/State/Zip/Phone | #) |
| (Business Entity Name) | MAIL | |
| (Bu | isiness Entity Nam | e) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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S. WARREN AUG 1 8 2017

COVER LETTER

| •• | of Corporations | | | | |
|---------------------|----------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------|
| SUBJECT: | BRIGHT | SUNR | RISE HO | NE L | LLC |
| | | Name of Limited | Liability Company | | |
| | | | | | |
| The enclosed Art | icles of Amendment and f | ee(s) are submit | ted for filing. | | |
| Please return all o | correspondence concerning | this matter to | the following: | | |
| | | | | | |
| | HIE | V PH | Name of Person | | _ |
| | | | Name of Person | | |
| | BRIGH | T SUN | Rise +co | NE | |
| | | | Firm/Company | | |
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| | | | City/State and Zip Code | | _ |
| | myth | ien 63 | @ yahoo | o. Com | |
| | | | e used for future annual | report notification | on) |
| For further inforr | nation concerning this ma | ter, please call: | | | |
| HIEN | PHUNG Name of Person | | at (8/3) ~ | 961-0 | 196 |
| | Name of Person | - | Area Code | Daytime Tele | ephone Number |
| | | | | | |
| Enclosed is a che | ck for the following amou | nt: | | | |
| □ \$25.00 Filing | Fee \$30.00 Filin Certificate | g Fee & of Status | □ \$55.00 Filing Fee of Certified Copy (additional copy is end | | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | | | |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BRIGHT SUNRISE FOR Name of the Limited Liability Compa | IOME LIC | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--|--|
| (Name of the Limited Liability Compa (A Florida Limited L | ny as it now appears on our records.) Jability Company) | | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L17000137841</u> | were filed on DVNE, 26, 2017 and assigned | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabi | ility company here: | | |
| EVERSHINE HOME | LLC_ | | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LEC" or the abbreviation "LEC." | | |
| Enter new principal offices address, if applicable: | N/A | | |
| (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 of registered agent and/or the new registered office address here | | | |
| Name of New Registered Agent: | ~/A | | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| | City Zip Code | | |
| New Registered Agent's Signature, if changing Registered Agent: | Cij Zip Coac | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as placing filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this dayment is | | |

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> | Name | Address | Type of Action |
|--------------|------|---------|----------------|
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| ective date, if other | than the date of filing | g: | Clina or more than 00 day | (optional) ys after filing.) Pursuant to 605 | . 020 |
| te: If the date inserte | d in this block does not not on the Oppartment of S | neet the applicable stati | nory filing requiremen | its, this date will not be list | ed a |
| ament's cricetive dat | e on the Department of S | nuc s records. | | | |
| | | | fective time, at 12 | :01 a.m. on the earli | er c |
| | r the record is filed. | | | | |
| ed <u>58/1</u> | 5/2017 | | | | |
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| ed | ν. | , | | | |
| ed | Signature of a | memb er or authorized rep | resentative of a member | | |
| ed | Signature of a | memb er or author ized rep | resentative of a member | HILE UG 17 (HASSEL | |

Filing Fee: \$25.00