

# LD8000002813

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

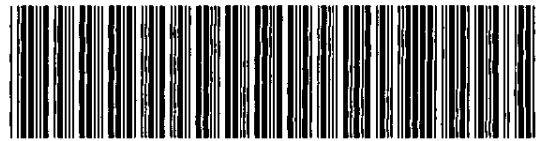
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE FLORIDA

N. Ouligan MAR 17 2008

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Bright America Services, LLC**  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Caroline Larson  
(Name of Person)

Larson Accounting and Consulting Serv. LLC  
(Firm/Company)

8818 Commodity Circle  
(Address)

Orlando - FL 32819  
(City/State and Zip Code)

For further information concerning this matter, please call:

Caroline Larson at ( 407 ) 370-3686  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the 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)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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

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TALLAHASSEE FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

BRIGHT AMERICA SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/09/2008 and assigned  
Florida document number L08000002813

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

B. If amending the registered agent and/or registered office 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:

Larson Accounting & Consulting Services LLC

New Registered Office Address:

8819 Commodore Circle Suite 40

(Enter Florida street address)

Orlando

(City)

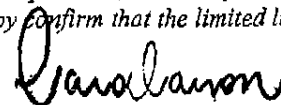
Florida

32819

(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 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.



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

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

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Albert W Ferreira	847 W Minneola Ave Clermont, FL 34711	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Elias Zak Zak	10409 Autumn Glen Ct Orlando - FL 32836 MGR	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Tania Magalhaes Caputo	13432 Bonnica Way Windermere, FL 34786	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Zak Investments, LLC	10409 Autumn Glen Ct Orlando - FL 32836	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

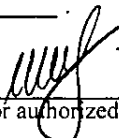
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

NEW PRINCIPAL AND MAILING ADDRESS - 10409 Autumn Glen Ct

Orlando - FL 32836 US

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 08 MAR 14 PM 12:05  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

Dated March 10, 2008

  
 Signature of a member or authorized representative of a member

Elias Zak Zak

Typed or printed name of signee