

L03000012330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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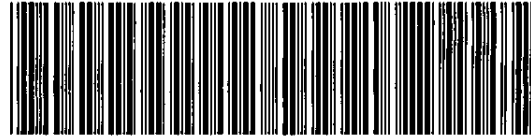
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

DEC 27 2010

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: FIRST CITY HOMES, 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:

Robert J F Laurence
Name of Person

FIRST CITY HOMES, LLC.
Firm/Company

2802 N. Fifth Street
Address

St. Augustine, 32084
City/State and Zip Code

Rob@BrightStarEnergyCorp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rob Laurence at (904) 669-3389
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**

FIRST CITY HOMES, LLC

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

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The Articles of Organization for this Limited Liability Company were filed on 04/07/2003 and assigned
Florida document number L03000012330.

This amendment is submitted to amend the following:

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

Bright Star Construction Services LLC.

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

Enter new principal offices address, if applicable:

2808 N. Fifth Street, Suite 504

(Principal office address MUST BE A STREET ADDRESS)

St. Augustine, Florida 32084

Enter new mailing address, if applicable:

2808 N. Fifth Street, Suite 504

(Mailing address MAY BE A POST OFFICE BOX)

St. Augustine, Florida 32084

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:

Robert Jason Frank Laurence

New Registered Office Address:

2808 N. Fifth Street, Suite 504

Enter Florida street address

St. Augustine
City

Florida

32084

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>
MGRM	Robert J L Laurence	101 Bilbao Drive St. Augustine, Florida 32086	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Robert J F Laurence	114 Southwind Circle St. Augustine, Fl. 32080	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Robert J F Laurence	114 Southwind Circle St. Augustine, Fl. 32080	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Robert J L Laurence	441 Ocean Grove Circle St. Augustine, Fl. 32080	<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.)*

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TALLAHASSEE, FLORIDA

Dated December 21, 2010.

Signature of a member or authorized representative of a member

Robert Jason Frank Laurence
Typed or printed name of signer