## 111880008111

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## COVER LETTER

TO:		ition Secti of Corpo				
Bright Day Home Healthcare, LLC						
SUBJECT: Name of Lim				ited Liability Compa	ny	<del></del>
The enci	losed Arti	icles of An	nendment and fee(s) are subr	mitted for filing.		
Please re	eturn all c	orrespond	ence concerning this matter t	to the following:		
			Paul Haggar, Sr.			
				Name of Pers	on	<del></del>
			Bright Day Home Healthca	re, LLC		
				Firm/Compa	ny	<del></del>
			2426 Bee Ridge R., Suite B	<b>.</b>	]	
				Address	<del> </del>	
			Sarasota, FL 34239			
				City/State and Zip	Code	
			paul@brightday.care			
				o be used for future	annual report notifi	cation)
For furth	er inform	nation cond	cerning this matter, please ca	ll:		
Bonti B	urgess			941 at (	955-8900	
		Name of Pe	erson	Area Coo	le Daytime	Telephone Number
Enclosed	is a chec	ck for the f	following amount:			
\$25.	00 Filing	Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Certified Contact Con		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314				 REET/COURIE		
				gistration Section vision of Corpora		
			Cl	ifton Building		
				61 Executive Cen llahassee, FL 323		

## ARTICLES OF AMENDMENT TO | ARTICLES OF ORGANIZATION OF |

Bright Day Home Healthcare, LLC	C				
(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as It now appears on our liability Company)	records.)		
The Articles of Organization for this Limited 1	Liability Company	were filed on	an	d assigne	ed
Florida document number L11000088111	·				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liab	ility company here:			
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation	n "LLC" or the abbreviation	n. L.C.	38
Enter new principal offices address, if appli	cable:	2426 Bee Ridge Rd., Su	ite B	ا پر	LCR ACE
Principal office address MUST BE A STRE	ET ADDRESS)	Sarasota, FL 34239		- <del>-</del>	NAKA VARA
				*	mer F
Enter new mailing address, if applicable:		2426 Bee Ridge Rd., Su	ite B	ا ت	· 원포
Mailing address MAY BE A POST OFFICE	E BOX)	Sarasota, FL 34239	<del></del>		
3. If amending the registered agent and registered agent and/or the new registered of			ecords, enter the na	ime of (	the new
Name of New Registered Agent:					
Name of New Registered Agent.	2426 D. D. L				
New Registered Office Address:	2426 Bee Ridge	Enter Florida street	address		
	Sarasota		, Florida <sup>34239</sup>	9	
Nov. Donintanad Amentic Signature if shousing	Desistered A	City	Zip (	ode	<del></del>
New Registered Agent's Signature, if changing					
hereby accept the appointment as register provisions of all statutes relative to the propaction of the propaction of the obligations of my position as regolering filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as p registered office	performance of my dut providedifor in Chapter	ies, and I am familian 605, F.S. Or, if this o	r with ar documer	nd
		1			

If Changing Registered Agent, Signature of New Registered Agent

If amendin	g Authorized Person(s) authorized from our records:	ed to manage, enter the title, name, and addres	s of each person being added
MGR = N	Manager Authorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
CEO	Bonti Marie Burgess	2426 Bee Ridge Rd., Suite B	<b>=</b> Add
		Sarasota, FL 34239	Remove
			Change
MGR	Paul Haggar, Sr.	2426 Bee Ridge Rd., Suite B	<b>⊟</b> Add
		Sarasota, FL 34239	□ Remove
		· · · · · · · · · · · · · · · · · · ·	D Change
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	<del> </del>		
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			□ Remove
			☐ Change

mending any other information, enter chan	ge(s) here: (At	ach additional sheets	; if necessary.)	
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	-1-2018		( ) N	_
ective date, if other than the date of filing:	the applicable st	of filing or more than 90 of attutory filing requirement	_ (optional) lays after filing.) Pursuant to e ents, this date will not be l	605.020 list <b>ed</b> a:
union seriective date on the population of state	. 51000145.			
record specifies a delayed effective date he 90th day after the record is filed.	e, but not an e	effective time, at 1	2:01 a.m. on the ea	rlier o
December 28 2	017	}		
1.1.11	·			
Jane V	her or authorized -	presentative of a member		
Signature of a men	ioer or aumorized f	presentative of a membe	ı	
Bont, Burn	ped or printed name			
Ту <del>у</del>	ned or printed name	of signee		

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Filing Fee: \$25.00