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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name

: AIT PLUS CONSULTING

Account Number : I20080000061 Phone

; (407)582-9830

Fax Number

: (407)294-7677

**Enter the email address for this business entity to be used for Enter ? annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRIGHT STAR CLEANING MC, LLC

Certificate of Status	0
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J. SAULSBERRY EXAMINER

COVER LETTER

TO: Registration S Division of Co					
SUBJECT;	BRIGHT STAI	R CLEANING MC,	LL C		
		nited Liability Company		-	
The enclosed Articles o	f Amendment and fee(s) are su	abmitted for filing.			
Please return all corresp	ondence concerning this matte	er to the following:			
		MARIA PINHEIRO			
		Name of Person			
	AIT	PLUS CONSULTING,	LLC		
	Firm/Company				
			-	ZZ	3
	8421 S ORANGE BLOSSOM TR # 109				
		Address		ZHIZ AUG 22 Sécretary Allahasse	
	ı	ORLANDO, FL 32835		SSE SSE	
		City/State and Zip Code			
		maria@aitplus.com		1 01	
		(to be used for future annual rep	ort notification)	8 22	:,
For further information of	concerning this matter, please	call:		₽ N	
	RIA PINHEIRO	at(407)	582-9830		
Name o	of Person	Area Code &	Daytime Telephone Numb	78r	
Enclosed is a check for the	he following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is e	Certific	riling Fee, cate of Status & ed Copy onal copy is enclo	sed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRIGH	HT STAR CL	EANING MC,	LLC		
(Name of the Limite	d Liability Compa A Florida Limited	any as it now appear Liability Company)	s on our records.)		
The Articles of Organization for this Limited I	iability Company	y were filed on	11/08/2011	and assig	med
Florida document numberL1100012	7269				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	bility company here	:		
BRIG	HT STAR CLE	EANING MG, LLC	3		
The new name must be distinguishable and end w. "L.L.C."	th the words "Lim	ited Liability Compar	y," the designation	"LLC" or the abl	brevistion
Enter new principal offices address, if applie	eable:	6312 BUFOR	D ST APT 202	F. 2	
(Principal office address MUST BE A STREE	TADDRESS)	ORLANDO, F	L 32835	Ec 2	
					77
				SS X	
Enter new mailing address, if applicable:		6312 BUFORE	ST APT 202	W-40	I more
(Mailing address MAY BE A POST OFFICE BOX)		ORLANDO, FI		ES S	
			· · · · · · · · · · · · · · · · · · ·	2 9	W
			, ·,	5 N	
B. If amending the registered agent and/	or registered of	Tice address on ou	ir records, <u>enter</u>	the name of	the new
registered agent and/or the new registered of	ffice address her	<u>e</u> :			
<u>.</u>					
Name of New Registered Agent:					
New Registered Office Address: 6312 BUFORD ST APT 202					
		Ente	r Florida street a	ddress	
		RLANDO	, Florida _	32835	
		City	_	Zip Code	•
Name Danielana di Amerika Cimpanana di Amerika mata am					

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 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

Title	<u>Name</u>	Address	Type of Action			
MGRM	CILMARA A LOURENCO	3356 ROBERT TRENT JONES DR UNIT 305 ORLANDO, FL 32835	Add Z Remove			
<u>MGRM</u>	GILVANIA P ALVES	6312 BUFORD ST APT 202 ORLANDO, FL 32835	Add Remove			
			Add Remove			
			Add Remove			
	···		Add Remove			
			Add Remove			
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)						
			22 AH 8			
			3 元 ~			
Dated	AUGUST 21	2				
Signature of a member or authorized representative of a member MARIA PEREIRA DE FREITAS Typed or printed name of signee						