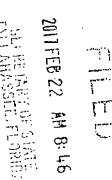
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TO:	Regi Divi:	stration Sect sion of Corp	tion orations		
		Brighter Day	s, LLC		
SUBJE	ECT:		Name of Limite	d Liability Company	
The en	closed	Articles of A	mendment and fee(s) are submi	itted for filing.	
Please	return	all correspon	dence concerning this matter to	the following:	
			Andrew Hoek		
				Name of Person	
			DeWitt Law Firm, P.A.		
				Firm/Company	
			607 W. Bay Street		
				Address	
			Tampa, Florida 33606		
				City/State and Zip Code	
			za343@hotmail.com	be used for future annual report r	vatification)
					(Micanon)
For fu	rther ir	iformation co	ncerning this matter, please cal	l :	
Andre	w Hoc	ek, Esq.		813 251-2701 at () Area Code Day	
		Name of	Person	Area Code Day	time Telephone Number
Enclos	sed is a	check for th	e following amount:		
■ \$2	25.00 F	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Brighter Days, 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 Liab	pility Company were filed on 9/25/12	and assigned
Florida document number L12000122582	·	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
•		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B		
,		
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	<u>ce address here</u> :	records, enter the name of the new
New Registered Office Address:	Enter Floridu st	vant uddvace
	Cuty	, Florida Zip Code
New Registered Agent's Signature, if changing Re	•	•
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registabeing filed to merely reflect a change in the recompany has been notified in writing of this cl	and complete performance of my c ered agent as provided for in Chap gistered office address, I hereby co	luties, and I am familiar with and ter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	Address	Type of Action
MGR	Husain Saleh	PO Box 290620	Add
		Tampa, Florida 33687	■ Remove
			Change
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Effective date, if other than the (If an effective date is listed, the date management). If the date inserted in this document's effective date on the	ust be specific and cannot be prior to block does not meet the applicab	date of filing or more than 90 days after to the statutory filing requirements, this	filing.) Pursuant to 605.0207 (
the record specifies a delayed) The 90th day after the re		an effective time, at 12:01 a	.m. on the earlier of:
Dated	2017		
Dated	,	- ·	
<u></u>		>	

Page 3 of 3

Typed or printed name of signec

Filing Fee: \$25.00