L12000157107

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SECHETARY OF STATE
TALLAHASSEE FIORIDA

TALLAHASSEE

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COVER LETTER

TO: Registration Section
Division of Corporations

LAKEBRIGHT 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 SVCS LLC

Firm/Company

8615 COMMODITY CIR STE 63

Address

ORLANDO, FL 32819

City/State and Zip Code

CAROL@LARSONACC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROLINE LARSON

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(1)
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

1	AKE	BRIG	GHT	SFR'	VICES	111	C.

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

(1)	. I torida izmitted Elat	mity company)	
The Articles of Organization for this Limited Li Florida document number <u>L12000157107</u>	iability Company w	ere filed on 12/17/2012	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liabilit	y company here:	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited	Liability Company," the designation	n "LLC" or the abbreviation
Enter new principal offices address, if application	able:		三 公 3
(Principal office address MUST BE A STREE	T ADDRESS)		22.00
			No.
	-		ms - m
Enter new mailing address, if applicable:			고 로 -
(Mailing address MAY BE A POST OFFICE	<u> </u>		ATT CRID
			A
B. If amending the registered agent and/or registered agent and/or the new registered of Name of New Registered Agent:	fice address here:	e address on our records, <u>ente</u> DA CUNHA JR	r the name of the new
New Registered Office Address:	7061 GRAND	NATIONAL DR.105K	
New Registered Office Address.	Enter Florida street address		
	ORLANDO	, Florida	32819
		City	Zip Code
New Registered Agent's Signature, if changing R	Registered Agent:		
I hereby accept the appointment as registered the provisions of all statutes relative to the placept the obligations of my position as regis being filed to merely reflect a change in the re company has been notified in writing of this d	roper and complete stered agent as pre- registered office ad change.	e performance of my duties, and wided for in Chapter 608, F.S. (I am familiar with and Or, if this document is limited liability

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>	Type of Action
MGRM	JOSE MARIA DA CUNHA JR	7061 GRAND NATIONAL DR. #105K ORLANDO, FL 32819	Add
			Remove
MGRM	NEIMAR FERREIRA	7061 GRAND NATIONAL DR. #105K ORLANDO, FL 32819	Add
			Remove
		MALL Sec	Add
		AHASSEE,	Remove 21 F
		FLORIDA	Add Remove
			_ Kemove
			_ Add
			Remove
			Add
			Remove
			_

. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	•
. —	
ted 10/1	4/2013
	× (1, /1)
-	Signature of a member or authorized representative of a member
	JOSE MARIA DA CÙNHA JR
=	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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FALLAHASSEE, FLORIDA