

L14000021866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

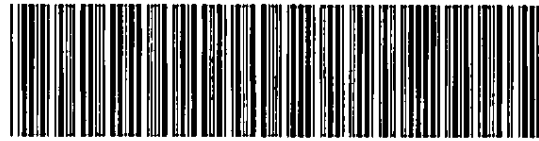
(Business Entity Name)

(Document Number)

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04/01/19--01031--001 **30.00

2019 APR -1 AM 10:52
DEFINITION
FILED APR 8 2019

APR 08 2019

C McNAIR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPARKYJAX, 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:

JAMES WALLERIUS

Name of Person

MISTER SPARKY

Firm/Company

11290 ST JOHNS INDUSTRIAL PKWY N #7

Address

JACKSONVILLE, FL 32246-6632

City/State and Zip Code

FIRST.COAST@MISTERSPARKY.COM

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

For further information concerning this matter, please call:

JAMES WALLERIUS

904 222-8999

at ()

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

2018 APR -1 AM 10:32
TALLAHASSEE, FL 32301
REGISTRATION SECTION

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SPARKYJAX, LLC

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

2018 APR -1 AM 10:52
MILLER & ASSOCIATES, P.A.
TALLAHASSEE, FL 32301

The Articles of Organization for this Limited Liability Company were filed on 02/07/2014 and assigned
Florida document number L14000021866.

This amendment is submitted to amend the following:

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

BRIGHT DAY ELECTRIC, LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

11290 ST JOHNS INDUSTRIAL PKWY N #7

JACKSONVILLE, FL 32246-6632

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11290 ST JOHNS INDUSTRIAL PKWY N #7

JACKSONVILLE, FL 32246-6632

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:

JAMES WALLERIUS

New Registered Office Address:

11290 ST JOHNS INDUSTRIAL PKWY N #7

Enter Florida street address

JACKSONVILLE

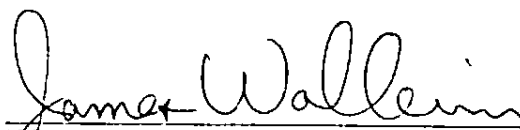
Florida 32246-6632

City

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 605, 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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	WALLERIUS, JAMES V	11290 ST JOHNS INDUSTRIAL PKWY N #7	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32246-6632	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JAMES V WALLERIUS LIVING TRUST	11290 ST JOHNS INDUSTRIAL PKWY N #7	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32246-6632	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	COURT, KEVIN R	3740 SAINT JOHNS BLUFF RD S STE 4	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32224-2649	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ROSENDAHL, TREVOR JAMES	3740 SAINT JOHNS BLUFF RD S STE 4	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32224-2649	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated MARCH 27 2019

Signature of a member or authorized representative of a member

JAMES WALLERIUS, MANAGER

Typed or printed name of signee