

L14000145577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

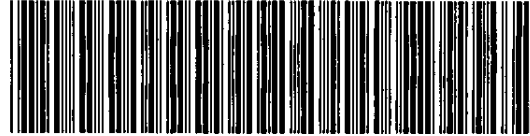
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

prior effective date

Office Use Only



500270193355

03/04/15--01007--001 **25.00

FILED
15 APR 27 AM 11:43
SECRET
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VIBGYOR 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:

Justin Luke
Name of Person

VIBGYOR LLC
Firm/Company

1241 Olde Bailey Lane
Address

West Melbourne, FL 32904
City/State and Zip Code

JMLUKE0@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin Luke 321 543-7246
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
15 APR 27 AM 11:43
TALLAHASSEE, FL 32301



RECEIVED

15 APR -8 AM 11:22

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SEC. 10001, STATE
TALLAHASSEE, FLORIDA

March 27, 2015

JUSTIN LUKE
VIBGYOR LLC
1241 OLDE BAILEY LANE
WEST MELBOURNE, FL 32904

SUBJECT: VIBGYOR LLC
Ref. Number: L14000145577

We have received your document for VIBGYOR LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 615A00006157

RECEIVED
15 APR -8 AM 11:37
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 20, 2015

JUSTIN LUKE
VIBGYOR LLC
1241 OLDE BAILEY LANE
WEST MELBOURNE, FL 32904

SUBJECT: VIBGYOR LLC
Ref. Number: L14000145577

We have received your document for VIBGYOR LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept my apology for failing to mention in my previous letter that the new name you are wanting to use is not available. I tried sending you an email today but it came back to me (see attached). If you can come up with a new acceptable name I will make the correction on the original document. Again I am so sorry.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 115A00007894

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

VIBGYOR 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 Liability Company were filed on February 09, 2015 and assigned
Florida document number L14000145577.

This amendment is submitted to amend the following:

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

Bright Kids 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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>
			<input type="checkbox"/> Add
			<input 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
			<input type="checkbox"/> Add
			<input 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

15 APR 21 AM 11:22
SECRETARY
TALLAHASSEE

15 APR 27 AM 11:43
SECRET
TALLAHASSEE

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.

Dated April 27, 2015

Signature of a member or authorized representative of a member

Justin Luke

Typed or printed name of signee