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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Bright Waters Professional Paul Company, U
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Diane Rossi
Bright Water Poul Cumpany
970 S. Lake Addir BIW. Address
OV and For 32804 City/State and Zip Code
E-mail hodress: (to be used for future amual export notification)
For further information concerning this matter, please call:
Name of Person at (83) 3002304 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\frac{1}{2}\$\$30.00 Filing Fee & \$\text{Certificate of Status}\$\$ 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

Bright Waters Profes	Sional Paul Server, UC
(A Florida Lin	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>LIS 060 13 4</u>	npany were filed on 00 06 2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited	d 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 ADDRES	SS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register registered agent and/or the new registered office address	red office address on our records, <u>enter the name of the new</u> s <u>s here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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>	Address	Type of Action
AMBIZ	Kyle Jordan	820 S. Lake Adam Blud. Ovlendo, Fr 32804	
		Ovlando, FZ 32804	Remove
			Change
			□ Add
			Remove
			Change
			□ Add
			Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
			□ Remove
			☐ Change

). If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
· <u>·</u>	
_	
	
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L Effective	date, if other than the date of filing: $\underline{Feb} + 2019$ (optional)
Note: If t	we 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) he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 's effective date on the Department of State's records.
f the record b) The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: oth day after the record is filed.
Dated	Feb 1 2019
	Signature of a member or authorized representative of a member
	Diane Rossi Typed or printed name of signee

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Filing Fee: \$25.00