LIS000 176777

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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FILING CANCELLED RETURNED CHECK

06/27/16--01010--024 **30.00

2018 JUH 27 P S 31

JUN 28 MIS D. BRUCE

COVER LETTER

TO: Registration S Division of Co			•
SUBJECT:	Sm. H. Name of Lim	Woods & Alka (Company
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	K	C Allen Jr	·
	-	Name of Person K & Holdings Firm/Company	·
	1849		
		Miraman, 41 330	25
	E-mail address: (City/State and Zip Code Shaht Soot Mobile 2016 to be used for future annual report notif	(g.g.mai), (om)
For further information	concerning this matter, please co	all:	
Name	of Person	at (954) 329 Area Code Daytime	9773 e Telephone Number
Nanc	·	Alca Code Dayting	
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)	Certificate of Status & Certified Copy (additional copy is Inclosed)
MAI	LING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO FILING CANCELLED ARTICLES OF ORGANIZATION RETURNED CHECK

Smith Wa	als 2	Allen	Compan	y LLC	
(Name of the Limited Liability (A Florida L	Company as it no imited Liability C	ow appears on ou ompany)	r records.)	1	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L15000136777</u>	mpany were file	ed on 8/	11/15	and assig	ned
This amendment is submitted to amend the following:		•			
A. If amending name, enter the new name of the limite Bright Spo	A				
The new name must be distinguishable and contain the words "Limite			on "LLC" or the a	bbreviation "L.L.(3."
Enter new principal offices address, if applicable:				<u> </u>	
(Principal office address MUST BE A STREET ADDRE	<u></u>			3	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register		dress on our	records, enter	THAHASSON DE 3 ame of	The new
registered agent and/or the new registered office addre	ess here:				
Name of New Registered Agent:	KC	flkn or		<u> </u>	<u>.</u>
New Registered Office Address:	141	+∜ Sw ¶ Enter Florida stre	et address	 _	
	Mina	Mul	, Florida	3302 5 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> Name <u>Address</u> Type of Action _□ Add FILING CANCELLED <u>_</u>□ Remove **RETURNED CHECK** _□ Change □ Add _□ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add Remove _□ Change □ Add ☐ Remove ☐ Change

					<u> </u>	:
						
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ctive date, if other effective date is listed, t	than the date of i	filing:	to data of filing o	(optional)	
e: If the date inserted ument's effective date	d in this block does i	not meet the applic	able statutory fi	ling requirements	s, this date wil	I not be lister
•	on the Department	of State 3 10001d3.	,			
ecord specifies a ne 90th day after	delayed effective	ve date, but no	t an effective	e time, at 12:	01 a.m. on	the earlie
•		eu.				•
ed June	22		_· _	$\overline{}$		
		. 1	1/1			
	Signature	of a member or author	orized representat	ive of a member		

Page 3 of 3

Filing Fee: \$25.00