1110000020718

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
	J. HORNE OCT 17 2022





100395398941

10/14/22--01006--020 **25.00

RECEIVED 2022 OCT 14 PM 2: 17

2022 OCT 14 AM II: 16

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BRIGHTSTAR RES	TORATION.	LLC		
				
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
		į		L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
			· · · ·	Annual Report / Reinstatement
				Cert. Copy
		·		Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
		l		Corp Record Search
		ı		Officer Search
		1		Fictitious Search
Signature				Fictitious Owner Search
Č				Vehicle Search
	· 			Driving Record
Requested by: SETH	10/07			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
				UCC 11 Retrieval
Walk-In Phone is the GA acco	Will Pick Up			Courier

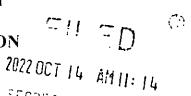
COVER LETTER

TO:

Registration Section

Division of Co	rporations		
SUBJECT: BRIGHT	STAR CONTRACTING	SERVICES LLC	
JOBSECT.		ited Liability Company	
The condensation of		who rever	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SHANA CARNAHA	V	
		Name of Person	
	CONTRACTORS R	EPORTING SERVICE	INC
		Firm/Company	
	13795 N NEBRASK	AAVE	
		Address	
	TAMPA, FL 33613	<u> </u>	
		City/State and Zip Code	
	info@activatemylicer E-mail address: (nse.com to be used for future annual repo	rt notification)
For further information c	roncerning this matter, please e		
SHANA CARNAH	AN	813 932-	5244
Name o	f Person	Area Code E	aytime Telephone Number
Enclosed is a check for t	he following amount:		
⅓ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		<u>Street Addre</u> Registratio	
Division of C	Corporations	Division of	Corporations
P.O. Box 632 Tallahassee,			of Tallahassee onroe Street, Suite 810
			e, FL 32303

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



BRIGHTSTAR CONTRACTING SERVICES 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 w	vere filed o	on <u>1/29/2016</u>		_ and assigned
Florida document number L16000020718				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	ity compa	ny here:		
BRIGHTSTAR RESTORATION LLC				
The new name must be distinguishable and contain the words "Limited Liabilit	y Company,	" the designatio	n "LLC" or the abbr	eviation "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)				<u>.</u>
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on	our records,	enter the name	of the new registered
Name of New Registered Agent:			<u> </u>	
New Registered Office Address:				
	Ent	er Florida street	address	
			, Florida	Zip Code
	City			Zip Code
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performan rovided fo	ce of my dut r in Chapter	ies, and I am far 605, F.S. Or. if	niliar with and this document is

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
			□Add
			Remove
			□Change
			□Add
			Remove
			☐ Change
			□Add
			□Remove
			□ Add
			□Remove
			□Add
			□Remove
			□ Change
			□Remove
			□Change

_	
_	
ffective	date, if other than the date of filing:
an effect fote: If	ive 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 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
	s's effective date on the Department of State's records.
record s Lis filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
ated	10/11/2022
	DocuSigned by:
	John Wesley Ruark II Signature 2007 9019 400 or authorized representative of a member
	Signature or a measure of antiformed representative of a incinier
	John Wesley Ruark II

Filing Fee: \$25.00