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COVER LETTER

20 FEB-6 PM 1:02 Registration Section TO: **Division of Corporations** BRIGHT KIDS OF INDIAN RIVER LLC SUBJECT: 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: JERRIN LUKE Name of Person BRIGHT KIDS OF INDIAN RIVER LLC Firm/Company 703 17TH STREET Address VERO BEACH, FL. 32960 City/State and Zip Code brightkidsotir@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **■** \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status &

Mailing Address:

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

(additional copy is enclosed)

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRIGHT KIDS OF INDIAN RIVER ELC

(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	09/07/2016	and assigned.
Florida document number1.16000166949			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liah	oility company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de	esignation "LLC" or the ab	breviation "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 re	cords, enter the nam	e of the new register
agent and/or the new registered office address here:		· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	ida 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
AMBR	Athena Mary Thomas	1146 Potenza Drive, Melbourne, Fl. 32904	= Add
			□Remove
			□ Change
			🗀 Remove
			□ Change
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(If an effect Note: If	e date, if other than the date of filing:
he record s ord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the 1.
Dated	Feburacy 3rd 2020
	Signature of a marghan or authorized cancer authorized annual in
	Signature of a member or authorized representative of a member Jerrin Luke Typed or printed name of signee