# 117000013969

(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:

Office Use Only



300301066913

07/07/17--01005--023 \*\*\$5.00

ZHI JUL -7 PH I2: 31
SECRETARY OF STATE
TALLAHASSEE FLORID

J. HARRIE

## **COVER LETTER**

TO: Registration Division of C	Section Corporations		
subject: <u>FL(</u>	ORIDA MODERN Name of Lim	CONTRACTORS	LLC
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Juli	an Chavez Name of Person	
	Bright	Home Inspection Firm/Company	<b>1 5</b>
	10263 Whis	pering Forest Dr C	Init 211
	Jacksonville Julian Of E-mail address:	City/State and Zip Code  City/State and Zip Code  Chighthome in spection to be used for future annual report notified.	ons. com fication)
For further informatio	n concerning this matter, please ca	all:	
Julian	ChaveZ ne of Person	at (904) 237 Area Code Daytime	2018 e Telephone Number
Enclosed is a check fo	or the following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & 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

Florida Modern Con	tractors, LLC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) (ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number \(\begin{align*} \lordrightarrow \psi \psi \psi \psi \psi \psi \lordrightarrow \lor	were filed on $01/18/2017$ and assigned
A. If amending name, enter the new name of the limited liabil	lity company here:
Bright Home Inspections, LL The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10263 Whispering Forest Dr unitzil
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL, 32257
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	10263 Whispering Forest Dr unit 21, Dacksonville, FL, 32257
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	
Name of New Registered Agent:	,
New Registered Office Address:	Enter Florida street address
	Enter Profita Street dadress
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Lip cour
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is
II Chang	

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

	Manager	
AMBR =	<b>Authorized Member</b>	

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			□ Remove
			Add
			□ Remove
			□ Change
			Remove
			□ Add
			☐ Remove
			☐ Change
			Add
			AS Change
			RANGE PANDE
			O Remove
			☐ Change

•	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
•	
_	
_	
_	
_	
_	·
_	
(If an effe Note: I docume	ce date, if other than the date of filing:
) The	90th day after the record is filed.
Dated _	\$5 JULY , 2017.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00