

# LI7000262705

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 AUG 20 AM 9:03

N COOPER

AUG 27 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BRIGHT DAYS LLC

\_\_\_\_\_  
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:

Ernesto Jorge Jimenez

\_\_\_\_\_  
Name of Person

BRIGHT DAYS LLC

\_\_\_\_\_  
Firm/Company

1585 West 56 Pl

\_\_\_\_\_  
Address

Hialeah Florida 33012

\_\_\_\_\_  
City/State and Zip Code

brightdaysllc2018@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sonia Jimenez

305

9168552

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

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)

☐ \$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 DAYS 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 were filed on 8-16-2018 and assigned  
Florida document number L17000262705

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

1585 WEST 56 PL

HIALEAH FLORIDA 33012

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

1585 WEST 56 PL

HIALEAH FLORIDA 33012

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DIVISION OF CORPORATION  
18 AUG 20 AM 9:04

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:** Same

Name of New Registered Agent: ERNESTO J. JIMENEZ

New Registered Office Address: 1585 WEST 56 PL

*Enter Florida street address*

HIALEAH, Florida 33012

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	Sonia Jimenez	1585 W 56 Pl Hialeah Florida 33012	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\*Please add another MGR to this Limited Liability Company, and We needs to keep the old MGR too.

1- First Manager : Ernesto Jorge Jimenez

2- Second Manager: Sonia Jimenez

Also please change my physical address from: 95350 OVERSEAS HWY  
SUITE#22 KEY LARGO, FL 33037  
to NEW ADDRESS : 1585 W 56 PI Hialeah FI 33012

Thank you

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DIVISION OF CORPORATIONS  
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08-16-2018

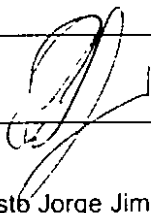
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective 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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 08-16 \_\_\_\_\_, 2018



Signature of a member or authorized representative of a member

Ernesto Jorge Jimenez

Typed or printed name of signer