L18000 63296

(Requestor's Name)
(Address)	
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(City/State/Zip/Phor	ne #)
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(Business Entity Na	me)
(Document Number	()
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Amend

JUN 28 2019 I ALBRITTON

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations	•		
	SUNBRITE	ELLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	i Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		ROBERT ALLEN BEZEAU	-		
Name of Person SUNBRITE LLC					
	Address				
				76	
For further in	nformation co		•	incation)	
			407 607.6020		
	Name o	f Person		ne Telephone Number	
Enclosed is a	check for th	e following amount:			
■ \$25.00 F	iling Fee		Certified Copy	Certificate of Status & Certified Copy	
	Registra	NG ADDRESS: ation Section n of Corporations ox 6327	STREET/COUR! Registration Section Division of Corpo Clifton Building	on	

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNBRITE LLC				
(Name of the Limi	ted Liability Compa (A Florida Limited	any as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited L Florida document number <u>L18000063296</u>	iability Company	were filed on 03/10/	2018 and assigned	
This amendment is submitted to amend the following	lowing:		2	
A. If amending name, enter the new name of	of the limited liab	oility company here:		
The new name must be distinguishable and contain the	 words "Limited Liabi	lity Company," the design	nation "L.L.C." or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		424 E. CENTRAL BLVD		
		SUITE 220		
		ORLANDO , FL	32801	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		424 E. CENTRA	L BLVD	
		SUITE 220		
		ORLANDO , FL 32801		
B. If amending the registered agent and registered agent and/or the new registered o	ffice address her	<u>e</u> :	er records, enter the name of the new	
Name of New Registered Agent:	lered Agent: ROBERT ALLEN BEZEAU			
New Registered Office Address:	424 E CENT	TRAL BLVD , SUITE	···	
		Enter Florida s	street address	
	ORLANDO		Florida 32801	
		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.

f 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	ROBERT ALLEN BEZEAU	424 E CENTRAL BLVD , STE 220 ORLANDO , FL 32801	= Add
			🗆 Remove
	ROBERT A BEZEAU JR		☐ Change
MGR		4004 MASURIOTON ST	
		4001 WASHINGTON ST HOLLYWOOD FL 32021	■ Remove
			☐ Change
			Add
			□ Remove
			Change
			☐ Remove
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			Add
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			Remove
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	71				
ffective date, if other than an effective date is listed, the dat ote: If the date inserted in the ocument's effective date on t	e must be specific and car its block does not meet	the applicable s	of filing or more than atutory filing requi	(optional) 90 days after filing.) Pursurements, this date will n	uant to 605.020 of be listed as
record specifies a del The 90th day after the	ayed effective date record is filed.	e, but not an	effective time, a	at 12:01 a.m. on th	ne earlier o
06/12 	2	019			
			1		
Rol	Signature of a men	ber or authorized	eprésentative of a me	2 LL	

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Filing Fee: \$25.00