L18000152426

(Requ	estor's Name)	
(Addre	ess)	<u> </u>
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(City/S	State/Zip/Phone	e #)
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COVER LETTER

TO:	Registration Se Division of Cor			
CUBIE		ightscaping LLC		
SUBJE	C1:	Name of Limi	ited Liability Company	<u>. </u>
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please i	return all correspo	ndence concerning this matter	to the following:	
		Alexandra Quay Watson		
			Name of Person	
		Southern Lightscaping L		
			Firm/Company	
		17630 Betanbob Lane	,	
			Address	
		Montverde, FL 34756	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notifi	cation)
For furt	her information c	oncerning this matter, please ca	dl:	
Alexar	dra Quay Watso	on	407 619-9000 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne 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

2019/17 PH 5:30

Southern Lightscaping 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 Com	npany were filed on June 21, 2018	and assigned
Florida document number L18000152426		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
BrightWater Irrigation and Lighting LLC		
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 ADDRES	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere registered agent and/or the new registered office address		r the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida 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	
			Add	
			Remove	
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ective date, if other than t	he date of filing:		(optional)	40£0202
te: If the date inserted in this cument's effective date on the	block does not meet the ap	plicable statutory filing re	han 90 days after filing.) Pursuant to quirements, this date will not be	listed as
record specifies a delay The 90th day after the re	ed effective date, but ecord is filed.	not an effective time	e, at 12:01 a.m. on the ea	arlier of
ed April 11	2019	·		
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Typed or printed name of signee

Filing Fee: \$25.00