Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

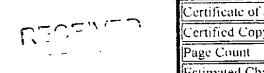
Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone : (323) 962-8600 Fax Number : (323) 962-3889

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRIGHT BLOOMS LAND DESIGN LLC



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Help

COVER LETTER

TO:	_	istration Se sion of Cor				
SUBJE	œr.	BRIGHT	BLOOMS LAND DESIGN	ITC		
SUBJE	L1.	Name of Limited Liability Company				
			Amendment and fee(s) are sub			
			Cheyenne Moseley			
				Name of Person		
			Legalzoom.com, Inc.			
				Firm/Company		
			101 N. Brand Blvd., 11t	h Floor		
				Address		
			Glendale, CA 91203			
			chad@brightbloomsl	City/State and Zip Code anddesign.com		
				to be used for future semmal report no	otification)	
For furth	ver in	formation o	oncerning this matter, please or	nll:		
Cheyen	ne N	loselcy		set ()	ext. 9724	
		Name of	Person	Area Code Dayti	me Telephone Number	
Enclosed	l is a	check for th	e following amount:			
D \$2 5.	00 Fi	ling Fee	(1) \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is cacheed)	[] \$60.00 Filing Fec, 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

ويرويهم فيورون للمرايد ويودون والأراب المرايع والممارة فيتران المرايع والمتاب والمتابع والمتابع والمتابع والماران

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

TALLAMASSEE, PLONIDA	
E. PLORIDA	

(Name of the Limited Liability Country (A Florida Limited)	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L18000207974	were filed on 08/30/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lish	dity company here:
The new name must be distinguishable and end with the words "Limited Lial	cility Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	1491 SW Dimperio Ave.
Principal office address MUST BE A STREET ADDRESS)	Port St. Lucie, Florida 34953
Enter new mailing address, if applicable:	1491 SW Dimperio Ave.
Malling address MAY BE A POST OFFICE BOX	Port St. Lucie, Florida 34953
3. If amending the registered agent and/or registered of registered office address her	
Name of New Registered Agent	
New Registered Office Address:	Exter 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 ohligations 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 Resistered Agent

Page 1 of 3

If amending the Managers or Anthorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	NAPOLITANO, AMANDA	1491 SOUTH WEST IMPERIO AVE.	Add
		PORT SAINT LUCIE, FL 34953	≝ Remove
<u>AMBR</u>	NAPOLITANO, AMANDA	1491 SW Dimperio Ave.	M Add
		Port St. Lucie, Florida 34953	☐ Remove
AMBR	LEONARD, CHAD	1491 SOUTH WEST IMPERIO AVE.	
		PORT SAINT LUCIE, FL 34953	≅ Remove
<u>AMBR</u>	LEONARD, CHAD	1491 SW Dimperio Ave.	
		Port St. Lucie, Florida 34953	D Remove
			18 OCT
			Remove
			7: 20
			C Remove

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	Effective date if other than the date of filing: (optional)
Ľ.	Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
	Darod September 23rd, 2018.
	had Leonal
	Signature dy's piember or authorized representative of a member
	Chad Leonard
	Typed or printed name of signor

Page 3 of 3

Filing Fee: \$25.00

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