

L18000207974

Florida Department of State
Division of Corporations
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Fax Number : (850) 617-6383

From: Account Name : LEGALZOOM.COM INC.
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BRIGHT BLOOMS LAND DESIGN LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRIGHT BLOOMS LAND DESIGN 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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N. Brand Blvd., 11th Floor

Address

Glendale, CA 91203

City/State and Zip Code

chad@brightbloomslanddesign.com

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

For further information concerning this matter, please call:

Cheyenne Moseley

800 773-0888 ext. 9724
at () Daytime Telephone Number

Name of Person

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**

16 OCT 12 AM 7:20
TALLAHASSEE, FLORIDA

BRIGHT BLOOMS LAND DESIGN 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 08/30/2018 and assigned
Florida document number L18000207974.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1491 SW Dimperio Ave.

Port St. Lucie, Florida 34953

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1491 SW Dimperio Ave.

Port St. Lucie, Florida 34953

**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:**

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 the Managers or Authorized 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	NAPOLITANO, AMANDA	1491 SOUTH WEST IMPERIO AVE.	<input type="checkbox"/> Add
		PORT SAINT LUCIE, FL 34953	<input checked="" type="checkbox"/> Remove
AMBR	NAPOLITANO, AMANDA	1491 SW Dimperio Ave.	<input checked="" type="checkbox"/> Add
		Port St. Lucie, Florida 34953	<input type="checkbox"/> Remove
AMBR	LEONARD, CHAD	1491 SOUTH WEST IMPERIO AVE.	<input type="checkbox"/> Add
		PORT SAINT LUCIE, FL 34953	<input checked="" type="checkbox"/> Remove
AMBR	LEONARD, CHAD	1491 SW Dimperio Ave.	<input checked="" type="checkbox"/> Add
		Port St. Lucie, Florida 34953	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 COUNTY
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 FLORIDA

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

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

Dated September 23rd, 2018



Signature of a member or authorized representative of a member

Chad Leonard

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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