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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
AUDIECT.	ELITE CLEANING & PA	INTING PROFESSIONALS LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	GLORIA	ELIZABETH FUENTES	
		Name of Person	
		Firm/Company	
		3714 Caspian St	~?
Address			
		Leesburg, FL 34748	7:: EEB 2
	e,	City/State and Zip Code	
		arlight.enterprises@hotmail.com to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please c		بر المسلمان
GLORIA ELIZAI	BETH FUENTES	at ()	0-8585
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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 Addres Registration S		Street Address: Registration Sec	tion
Division of C	Corporations	Division of Corp	porations
P.O. Box 632 Tallahassee, l		The Centre of Ta	allahassee Street, Suite 810
i alianassee, l	LL 24314	2410 IN. MOHIUC	Succi, suite 010

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	PAINTING PROFESSION		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appear Limited Liability Company)	's on our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on	10/19/2018	and assigned
lorida document numberL18000246606			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company ho	ere:	
BRIGHTWAY ENTERPRISES LLC			
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDR	ECC		
THE HALL OF THE WALL TO STREET ADDR.			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered	office address on our r	ecords, enter the na	me of the new regi
agent and/or the new registered office address here:		<u></u>	_
Name of New Registered Agents			- N
Name of New Registered Agent:			<u> </u>
New Registered Office Address:			;· -
-	Enter Flor	ida 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 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>	Type of Action
MGR	GLORIA ELIZABETH FUENTES MEJIA	3714 CASPIAN ST LEESBURG FL 34738	= Add
			□Remove
			□Change
			□ Add
			□Remove
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ctive date, if other t	han the date of filir	10/19/2019		(optic	inal)	
effective date is listed, the :: If the date inserted i	date must be specific ar	id cannot be prior to o		than 90 days after	filing.) Pur	
ument's effective date			e statutory ming is	equirements, tins	date will	not be fisted
ord specifies a delayed filed.	l effective date, but no	ot an effective time	, at 12:01 a.m. on	the earlier of: (b)	The 90	th day after th
02/2/2021						
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