

L18000274495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

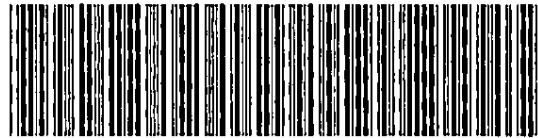
(Business Entity Name)

(Document Number)

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2019 JAN 31 PM 1:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 01 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bright Homes Group LLC  
\_\_\_\_\_  
Name of Limited Liability Company

2019 JAN 31 PM 1:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sean Leaver

\_\_\_\_\_  
Name of Person  
Bright Homes Group LLC  
\_\_\_\_\_  
Firm/Company  
74 Spanish Creek Drive  
\_\_\_\_\_  
Address  
Ponte Vedra, FL 32081  
\_\_\_\_\_  
City/State and Zip Code  
seanleaver@brighthouse.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sean Leaver 508 2804298  
\_\_\_\_\_  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Bright Homes Group 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 November 28, 2018 and assigned  
Florida document number L18000274495

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 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 ADDRESS)**

**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 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 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>                                | <u>Type of Action</u>                   |
|--------------|----------------|---|---|
| AMBR         | Kathryn Leaver | 74 Spanish Creek Drive, Ponte Vedra FL, 32081 | <input checked="" type="checkbox"/> Add |
|              |                |   | <input type="checkbox"/> Remove         |
|              |                |   | <input type="checkbox"/> Change         |
|              |                |   | <input type="checkbox"/> Add            |
|              |                |   | <input type="checkbox"/> Remove         |
|              |                |   | <input type="checkbox"/> Change         |
|              |                |   | <input type="checkbox"/> Add            |
|              |                |   | <input type="checkbox"/> Remove         |
|              |                |   | <input type="checkbox"/> Change         |
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|              |                |   | <input type="checkbox"/> Remove         |
|              |                |   | <input type="checkbox"/> Change         |
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|              |                |   | <input type="checkbox"/> Remove         |
|              |                |   | <input type="checkbox"/> Change         |
|              |                |   | <input type="checkbox"/> Add            |
|              |                |   | <input type="checkbox"/> Remove         |
|              |                |   | <input type="checkbox"/> Change         |

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated January 30, 1919

Signature of \_\_\_\_\_

Sean Leaver

Typed or printed name of signee