## 4900035293

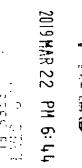
(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



500326383845

03/22/19--01003--010 \*\*25.00



C. GOLDEN APR -2 2019

## **COVER LETTER**

70:	Registration Se Division of Cou			
SUBJEC		aning Now LLC		
		Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		ALEXANDRA ALVARE	Z RIVAS	
			Name of Person	<del></del>
		Bright Cleaning Now LLC	j.	
			Firm/Company	
		4913 cason cove dr apto 2	11	
		<del></del>	Address	, <u></u>
		Orlando FL 32811		
			City/State and Zip Code	<del> </del>
		alexandraalvarez65@gmail		
		E-mail address; (	to be used for future annual report nou	fication)
For furth	er information c	oncerning this matter, please c	all:	
Alexand	ra Alvarez Riva:	S	407 7817290 at ()	
	Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for th	ne following amount.		
<b>2</b> \$25.0	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**

FILED 2019 MAR 22 PM 6: 44

Bright Cleaning Now LLC

OF GOTT EL

(Name of the Limited Liabi		the second of th
(A Florid	lity Company as it now appears on our red da Limited Liability Company)	cords.)
ne Articles of Organization for this Limited Liability	Company were filed on $02 - 04 - 2019$	and assigned
orida document number L19000035293		<u> </u>
is amendment is submitted to amend the following:		
If amending name, enter the new name of the lin	nited liability company here:	
e new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADD	(RESS)	
· · · · · ·		
		<del></del>
iter new mailing address, if applicable:		
	<del></del>	
failing address MAY BE A POST OFFICE BOX)	<del></del>	<u> </u>
		<del></del>
Manage Programme and the second secon		
If amending the registered agent and/or regi	stered office address on our reco	•
If amending the registered agent and/or regigistered agent and/or the new registered office add	stered office address on our reco	
ustered agent and/or the new registered office add	stered office address on our reco dress here:	rds, enter the name of the
If amending the registered agent and/or registered agent and/or the new registered office add  Name of New Registered Agent:	stered office address on our reco	rds, enter the name of the
distered agent and/or the new registered office add	stered office address on our reco dress here:	rds, enter the name of the
Name of New Registered Agent:	stered office address on our reco dress here:	rds, enter the name of the
Name of New Registered Agent:	stered office address on our reco dress here: Enter Florida street add	rds, enter the name of the
Name of New Registered Agent:	stered office address on our reco dress here: Enter Florida street add	rds, enter the name of the

## 1

er 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>	Type of Action
MGR	DAYANA R ABREU ARAUJO	4913 CASON COVE DR APTO 211 ORLANDO FL 32811	Add
			□ Remove
			Change
			Add
			Remove
			☐ Change
			□ Add
			Remove
			□ Change
			Remove
			☐ Change
			□ Add
			☐ Remove
			□ Change
		<del>-</del>	Remove
			Change

<del></del>					
		-			
		<u> </u>			
			<del> </del>		
					<del> </del>
	· • • • • • • • • • • • • • • • • • • •				
				····	
If an effective Note: If the	late, if other than the date of e date is listed, the date must be speci e date inserted in this block does s effective date on the Departmen	fic and cannot be prior onot meet the applic	r to date of filing or more cable statutory filing r	(optional than 90 days after filing equirements, this date	g.) Pursuant to 605.020
	specifies a delayed effect th day after the record is f		ot an effective tin	ne, at 12:01 a.m.	on the earlier o
MA Dated	RCH 6	2019			
		M			
	Signatur	e of a member or auth	portized representative of	a member	

Page 3 of 3

Filing Fee: \$25.00