Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000296361 3)))



H190002963613ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FASTKIT CORP Account Number : I20100000009 : (305)599-0839 Phone

: (305)592-9591 Fax Number

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 GO BRIGHT LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT & TO ARTICLES OF ORGANIZATION OF

_ · · · · ·	IGHT LLC	
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our record led Liability Company)	E .)
The Articles of Organization for this Limited Liability Compa	any were filed on5/23/2019	and assigned
Florida document numberL19000131859		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
GOBRIGHT LLC		- 25
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC	~ ''
Enter new principal offices address, if applicable:	N/A	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	<u>, 1 1 </u>
		<u>ar s.</u>
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE ROX)		₹ <u>€</u>
B. If amending the registered agent and/or registered		, enter the name of the nev
registered agent and/or the new registered office address t	<u>iere</u> :	
Name of New Registered Agent:	N/A	
New Registered Office Address:		
	Enter Florida street addras	v
		orida
	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

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			□ Change
			□ Add
			□ Remove
			Change
			QAdd ==
		Remove	□ Remove
			□ Change: □ Cha
			☐ Rcmove
			Change
			D Add
			☐ Remove
			□ Change
			☐ Remove
			□ Change

		
		
		f.
		f. - h
		A. 36
		£
		1.7
active data if other the	the data of filing:	(antional)
te: If the date inserted in t	the must be specific and cannot be prior to date of his block does not meet the applicable standed Department of State's records.	(optional) Tiling or more than 90 days after filing.) Pursuant to 605.0 attory filing requirements, this date will not be listed
record specifies a del The 90th day after the	ayed effective date, but not an eff record is filed.	fective time, at 12:01 a.m. on the earlier
AUGUST 15	2019	
	O LAND	
	Signature of a member or a thorized repi	resentative of a member

Page 3 of 3

Filing Fee: \$25.00