L19000139510

(R	equestor's Name)		
(A	ddress)		
(A	ddress)		
(C	ity/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL	
(B	dusiness Entity Name)		
(C	Occument Number)		
Certified Copies	Certificates of	Status	
Special Instructions to Filing Officer:			

Office Use Only



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06/01/20--01010--004 **25.00



JUN 1 8 2020 S. YOUNG

COVER LETTER

Division of Cor	porations		
SUBJECT:	Deck of	Artille	
	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:	
	Mich	ael L. Primus Name of Person	
	Bri	ght Star Ideas	
	125	90 Pines Boulevan	J-Unit 260501
		City/State and Zip Code	
	Brightstar	ideas e vahoo com to be used for nutire annual report notif	cation)
For further information c	oncerning this matter, please ca	aH:	
M; chael Name o	L. Primus f Person	at (754) 20 W. Area Code Daytime	- 2537 Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 Filing Fee	S30.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

O	r . 202
(Name of the Limited Liability Company (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company Florida document numberL9001395[0 This amendment is submitted to amend the following:	iability Company)
A. If amending name, <u>enter the new name of the limited liabi</u>	Bright Star Ideas, LLC
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	12590 Pines Boulevard Unit 260501 Pembro Ke Pines, FL 33026
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a	iddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: New Registered Office Address:	Enter Florida street adal ess 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.

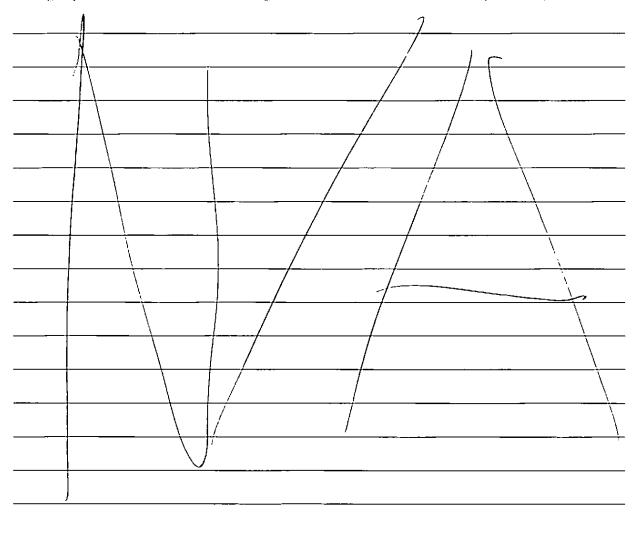
If Changing Registered Bent, Signature of New Registered Agent

¹ If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			ElRemove
			[]Change
-			Tladd
			□Remove
			□□Change
			□ Add
			□Remove
			□Change
			(DAdd
		<u> </u>	ClRemove
		·	[] Change
			🗀 Add
			□Remove
		•	□ Change
			🗆 Add
•			□Remove
			[][Change

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:	1)/4	Ä	(optional)
	(If an effective date is listed, the date must be specific and cannot be	prior	tb da	ate of filing or more than 90	days after filing.) Pursuant to 605,0207 (3)(b)
	Note: If the date inserted in this block does not meet the ap	plica	able	statutory filing requirem	ents, this date will not be listed as the
	document's effective date on the Department of State's rec	ords.		, , ,	

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	May 28 2020	
	M:2:2	
	Signature of a member or authorized representative of a member	_
	Michael L. Primus	
	Typed or printed name of signer	_