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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I2004000031 Phone : (800)906-9220 : (800)906-9880 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRIGHT HOME MANAGEMENT LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BRIGHT HOME MANAGEMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Plorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_08/06/2019 and assigned Florida document number \_\_\_\_\_L19000192735 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 \_\_\_

## 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.

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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

Title	Name	Address	Type of Action
VOM	LISHAN LIN	12744 JACOB GRACE CT	□Add
		WINDERMERE, FL 34786	= Remove
			Change
s 	XIESHENG ZHANG	12744 JACOB GRACE CT	□ Add
		WINDERMERE, FL 34786	■Remove
			□ Change
	<del></del>		
			Remove
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(It an effective date is listed, the date must b	k does not meet the applicable statutory filing	(optional) nore than 90 days after filing.) Pursuant to 605,0207 (3)(b) ng requirements, this date will not be listed as the
he record specifies a delayed effective ord is filed.	date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
Dated MARCH 14	2022	
	Steven Weiss	
	ignature of a member or authorized representative	e of a member
2	ignature of a member of authorized representative	• • • • • • • • • • • • • • • • • • • •