## L19000192735

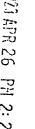
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## **COVER LETTER**

	ition Sect of Corpo			
Brig	ght Home	Management LLC		
SUBJECT:		Name of Limit	ed Liability Company	
The enclosed Arti	icles of A	mendment and fee(s) are subn	nitted for filing	
Please return all o	correspon	dence concerning this matter t	o the following.	
		Zhenyu Zhang		
		•	Name of Person	
	٠	Bright Home Management	LLC	
	•		Firm/Company	<del></del>
		12744 Jacob Grace Ct		· 70
			Address	
		Windermere, FL 34786		023 APR 26
			City/State and Zip Code	
		BRYCEZ08@HOTMAIL.C	'OM	
		E-mail address: (	o be used for future annual report notific	PH 2: 23
For further infort	nation co	ncerning this matter, please ca	ill:	ill w
Zhenyu			510 8167266	
	Name of	Person	at () Area Code Daytime T	Felephone Number
Enclosed is a che	eck for the	e following amount:		
■ \$25.00 Filing		S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisi		ection orporations	Street Address: Registration Sect Division of Corp The Centre of Ta	orations
P.O. B	80x 632°	<i>(</i>	The Centre of Fa	minimasee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bright Home Management LLC		
(Name of the Limited Liability Company as it now an (A Florida Limited Liability Company)	pears on our records.) ny)	
The Articles of Organization for this Limited Liability Company were filed on	08/06/2019 and assign	ned
Florida document number L19000192735		
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the limited liability compan	y here:	
The new name must be distinguishable and contain the words "Limited Liability Company."	the designation "LLC" or the abbreviation "L.L.C	
	The designation 1999	
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		
		. <u> </u>
		רכ
Enter new mailing address, if applicable:		<u>P</u> .,
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u>သ</u> <u></u>
	de antautha auma af the nous	rogistarod
<ol> <li>If amending the registered agent and/or registered office address on or agent and/or the new registered office address here:</li> </ol>	ur records, enter the name of the new i	egistereo
generalization the heavy regions		
Name of New Registered Agent:		
New Registered Office Address:  Ente	r Florida street address	
	. Florida	
Cin	Florida Zip Code	<del></del>

## 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 hability company has been notified in writing of this change.

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>	Name	Address	Type of Action
AMBR	Luping Ning	12744 Jacob Grace Ct	<b>5</b> Add
		Windermere, FL 34786	Remove
			☐ ☐ Change
	".		□Add
			GRemove
			TChange
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			Remove
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			⊡Remove
			□ Change

		viii of peopssary.)
	ion, enter change(s) here: (Auach additional she	eis, if necessary)
amending any other informa-		
· · · · · · · · · · · · · · · · · · ·		
		(optional)
	n the date of filing:  te must be specific and cannot be prior to date of filing or more this block does not meet the applicable statutory filing	requirements, this date will not be listed as the
E. Effective date, if other than	his block does not meet the applicable status.	
(If an effective date, if other than offertive date is listed, the day Note: If the date inserted in the date in the	at a Department of State 5 fections.	
Note: If the date on	the Department of State's records.	or prob dovatier the
Note: If the date on	the Department of State's records.	on the earlier of, (b) The 90th day after the
document's effective date on  If the record specifies a delayed e	the Department of State's records.	on the earlier of. (b) The 90th day after the
document's effective date on	the Department of State's records.  flective date, but not an effective time, at 12:01 a.m. o	in the earlier of, (b). The 90th day after the
document's effective date on  If the record specifies a delayed effected is filed.	the Department of State's records.	in the earlier of, (b). The 90th day after the
document's effective date on	ffective date, but not an effective time, at 12:01 a.m. o	on the earlier of, (b) The 90th day after the
document's effective date on  If the record specifies a delayed effected is filed.	ffective date, but not an effective time, at 12:01 a.m. o	on the earlier of, (b) The 90th day after the
document's effective date on  If the record specifies a delayed effected is filed.	the Department of State's records.  flective date, but not an effective time, at 12:01 a.m. o	on the earlier of, (b) The 90th day after the

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