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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: BRIGHT SOLUTIONS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GLORIA B FLORES

Name of Person

BRIGHT SOLUTIONS LLC

Firm-Company

1881 MIDDLE RIVER DRIVE 701

Address

FORT LAUDERDALE - FLORIDA - 33305

City/State and Zip Code

vedaflor@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 GLORIA FLORES
 at (_______)
 882-3005

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certified Copy tadditional copy is enclosed. Sol.00 Filing Fee, Certificate of Status & Certified Copy tablitional 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 то ARTICLES OF ORGANIZATION OF BRIGHT SOLUTIONS LLC (A Florida Limited Liability Company as It now appears on our records.) \sim 5 The Articles of Organization for this Limited Liability Company were filed on _____10/01/2019_ and assigned L 19000246622 Florida document number ____ 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: Euror 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.

Cuv

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

Page 1 of 3

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
AMBR	GLORIA B FLORES	1881 MIDDLE RIVER DRIVE 701 FT. LAUDERDALE - FL - 33306	🕰 Add
		<u> </u>	Remove
			Change
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D. If amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)
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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.

document's effective date on the Department of State's records.

Dated _	OCTOBER 15	· ·	2019		
				Aduar Mous	
	Signature of a member or authorized representative of a member				
		•		V	
	GLORIA B	FLORES			

Typed or printed name of signee

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Filing Fee: \$25.00