## L19000289082

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## **COVER LETTER**

Division of Cor	porations ,			
SURJECT: BR.	CHTHOUSE DES.	cas LLC		
30000CT	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are subr	nitted for tiling.		
	indence concerning this matter t			
	FARdigev	Rim Name of Person		
	BRIGHTHO	Firm/Company	<del></del>	
	2717 SEVILLE	BLVP # 9108 Address		
		FLOREDA 33764		
		G GMAIL COM o be used for future annual report noti		
For further information c	oncerning this matter, please ca	all:		201
FARdiyev Name o	Rim f Person	at ( <u>314</u> ) <u>281</u> 00 Area Code Daytim	<b>∃</b> ≤ e Telephone Number	20 NOV 16
Enclosed is a check for the	ne following amount:			9: V
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee.</li> <li>Certificate of Status</li> <li>Certified Copy</li> <li>tadditional copy is enclosed.</li> </ul>	

TO:

Registration Section

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	15 To 18
the Limited Liability Company as it now appears on our records.)	
the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	9

BKICHT + The Articles of Organization for this Limited Liability Company were filed on Wovember 21, 2019 and assigned Florida document number L 19000289082 . 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 "LLC." 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.

City

If Changing Registered Agent, Signature of New Registered Agent

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	IVANENKO, LYUDMILA	2717 SEVILLE BLUD # 9108, CLEARWATER	Z_jXAdd
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 November 13 14 Signature of a member or authorized representative of a member FARdiyev Rim
Typed or printed name of signee

Filing Fee: \$25.00