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(Re	questor's Name)	
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COVER LETTER

Division of Corporations
SUBJECT: RRIGHTER-TECH 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:
JEROME THOMAS Name of Person
BRIGHTER-TECH. CLC
19812 MiDWAY BLVD.
PORT CHARLOTTE, FL 33948 City/State and Zip Code
JEROME, TO BRIGHTER - TECH, (Co E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Defente THOMAS at (941) 268-4133 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section

Division of Corporations P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRIGHTER TECH (Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 20000 71439</u>	= 1 /	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1/1/	220 AV
(Principal office address MUST BE A STREET ADDRESS)		2
Commission of the Commission o		26
		PH
Enter new mailing address, if applicable:		23
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>enter (f</u>	ne name of the new registered
Name of New Registered Agent.		
New Registered Office Address:	Enter Floridu street address	-
	51	• •
	Flor	ida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree	e to act in this capacity. I furti	her agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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 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 ONNY LAFORTUNE 1444 OVER-HEAD STREET DANS
NORTH PORT, FL 34288 PREMOVE Change □Add ☐ Remove ☐ Change \square Add □ Change □Add _____ □Remove _____ □Change _____ □Add □Remove ☐ Change _ □Add

☐ Remove

							
							
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