# L20000159572

(Requestor's Name)	
(Address)	900353880
(Address)  (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	10/23/20010091
(Business Entity Name)	<u></u>
(Document Number)  Certified Copies Certificates of Status  2/76/21	
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### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 3, 2020

ALYCIA MANLEY BRIGHT LIGHT CONSULTING LLC 2595 SANFORD AV SANFORD, FL 32771

SUBJECT: MAJOR HEIR CARE LLC

Ref. Number: L20000159572

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 320A00024120

Susan Tallent Regulatory Specialist II

www.sunbiz.org

# **COVER LETTER**

Division of Corpo	rations		
SUBJECT:	Major Her	( Call LLC ited Liability Company	<u>.                                    </u>
	nendment and fee(s) are sub		
Please return all correspond	ence concerning this matter	to the following:	
	Alycia	Manley Name of Person	<del></del>
	Bright	Light Consulting	1 LLC
	2595 6	anford AV Address	
	Sanf	Ord FL 3277 City/State and Zip Code	
-	E-mail address: (	to be used for future annual report notifi	cation)
For further information cond	cerning this matter, please ca	all:	
Magdaline Name of Pe	e Gaines	at (407) 413 OArea Code Daytime	Telephone Number
Enclosed is a check for the t	following amount:		
\$25.00 Filing Fee	S30.00 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 &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>
Mailing Address		Street Address	

### Mailing Address:

TO:

Registration Section

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

Major Heir Care Lu	
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compa	<u>pears on our records.</u> ) ny)
The Articles of Organization for this Limited Liability Company were filed or Florida document number <u>L20000 159572</u>	a (0 09 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	<u>v here</u> :
Major Heil Ide.	<i>y</i> -
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)	
	<u> </u>
	ii)
Enter new mailing address, if applicable:	26
(Mailing address MAY BE A POST OFFICE BOX)	2
	<u></u>
	£ .
B. If amending the registered agent and/or registered office address on or agent and/or the new registered office address here:	ur records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Florida street address
	, Florida
City	Zip Code

#### 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.

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>	<u>Name</u>	Address	Type of Action
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			□ Remove
			□Change
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an effectiv <u>ote:</u> If th	date, if other than re date is listed, the dat ne date inserted in the s effective date on t	e must be specific tis block does no	and cannot be prior of meet the applic	to date of filing or cable statutory fili	(opt more than 90 days afte ng requirements, th	ional) er filing.) Pursuant to 6 is date will not be li	05.0207 ( sted as t
record spe is filed.	ecifies a delayed ef	fective date, but	not an effective t	ime. at 12:01 a.m	. on the earlier of: (	b) The 90th day at	ter the
ated	01-29.20	021		<u> </u>			
		Signature o	f a member or auth	orized representation	re of a member		
		•	Alucia	ed name of signee	1-04		