Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 Phone : (813)932-5244 Fax Number : (813)932-3782

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: INFO@ACTIVATEMYLICENSE.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRIGHTER UTILITIES FLORIDA, LLC

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Certificate of Status	0
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Corporate Filing Menu

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TO:

Fax: 18139325244

Registration Section
Division of Corporations

To:

Fax: (850) 617-6383

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COVER LETTER

SUBJECT: BRIGHT	TER UTILITIES FLORIC	ĎA LLC	
SUBJECT.		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for, filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	ANDREA SPAS		
	***************************************	Name of Person	
	CONTRACTORS R	: EPORTING SERVICE IN	С
	***************************************	Firm/Company	
	. 40705 N NEOD AOU		
	13795 N NEBRASK	. Address	
	TAMPA, FL 33613	. City/State and Zip Code	
	info@activetemulica	, i	
	info@activatemylice E-mail address: (to be used for future annual report no	tification)
For further information of	oncerning this matter, please o	aH:	
ANDREA SPAS		813 932-524	14
Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration : Division of C		Registration Se Division of Co	
P.O. Box 632	.7 ·	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, Fl. 32303

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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BRIGHTER UTILITIES FLORIDA	A. LLC	
(Name of the Limited Liab	ility Company as it now appears on our records da Limited Liability Company)	
, 17 1001	ida Limited Clabilly Company)	
The Articles of Organization for this Limited Liability	Company were filed on 6/23/2020	and assigned
Florida document number L20000174795	········'	•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	·
		2
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC"	or the abbreviation. L.C."
Enter new principal offices address, if applicable	**************************************	<u> </u>
(Principal office address MUST BE A STREET ADD	DRESS)	2
		
Enter new mailing address, if applicable:		~;·
(Mailing address MAY BE A POST OFFICE BOX)		9

B. If amending the registered agent and/or registered	ed office address on our records, <u>enter t</u>	he name of the new registered
agent and/or the new registered office address here:		
Norma of Nov. Parintened Annu.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flo	rida
:	City	Zip Code
New Registered Agent's Signature if changing Degister	and Accounts	

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.

MGR = Manager

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_ 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:

<u>Title</u>	Name	Address	Type of Action
CEO	JASON P ROGERS	7901 4TH ST N	
		STE 300	Remove
		ST. PETERSBURG, FL 33702	☐ Change
	*·**		DAdd
		*****	Remove
	•		
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			No. Change
			. Пада
		1012-00-00-00-00-00-00-00-00-00-00-00-00-00	□Remove
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	:		□ Add
	:		Remove

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		29
ffective date, if other the an effective date is listed, the	an the date of filing: date must be specific and cannot be prior to date of filing this block does not meet the applicable statutory in the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 605.0. filing requirements, this date will not be listed
ote: If the date inserted in		
ose: If the date inserted in ocument's effective date o record specifics a delayed	effective date, but not an effective time, at 12:01 a.	m, on the earlier of: (b) The 90th day after t
oge: If the date inserted in ocument's effective date of record specifies a delayed it is filed.	.020	
lote: If the date inserted in ocument's effective date o		