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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email Address:

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

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Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| Brighter Utilities Florida, LLC   |  |               |            |             |
|---|--|---------------|------------|-------------|
| (Name of the Limited Liability Comp.<br>(A Florida Limited              | any as it now appears on our records.)<br>Liability Company) |               |            |             |
|   |  |               |            |             |
| he Articles of Organization for this Limited Liability Company          | y were filed on 06/23/2020                                   | an            | d assign   | icd         |
| lorida document number L20000174795                                     |  |               |            |             |
|   |  |               |            |             |
| his amendment is submitted to amend the following:                      |  |               |            |             |
| . If amending name, enter the new name of the limited lial              | bility company here:   |               |            |             |
| Brighter Utilities Tampa Plumbing, LLC                                  |  |               |            |             |
| he new name must be distinguishable and contain the words "Limited Liab | ility Company," the designation "LLC" or the                 | abbreviation  | on "L.L.C. |             |
| Inter new principal offices address, if applicable:                     |  |               |            |             |
| • •   |  |               |            |             |
| Principal office address MUST BE A STREET ADDRESS)                      |  | <del></del> . |            |             |
|   |  |               |            |             |
|   |  |               |            |             |
| Inter new mailing address, if applicable:                               |  |               |            |             |
| Mailing address MAY BE A POST OFFICE BOX)                               |  |               |            |             |
|   |  |               |            |             |
|   |  |               |            |             |
| . If amending the registered agent and/or registered of                 |  | er the na     | ame of     | the         |
| egistered agent and/or the new registered office address he             | <u>re</u> :  | <b>1</b> 2    | 2021       |             |
|   |  | 30 2V         |            |             |
| Name of New Registered Agent:   |  | <u> </u>      | <u> </u>   | <del></del> |
| New Registered Office Address:  |  |               | 28<br>28   | Υ <u> </u>  |
| New Registered Office Address.  | Enter Florido street address                                 |               | P          | 3           |
|   | , Florida  | (C)           | 25         |             |
|   | City   | -Zip          | Carle      |             |
|   |  | Si.           | لنز)       |             |

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

| MGR = N $AMBR = A$ | lanager<br>.uthorized Member |         |  |
|--------------------|------------------------------|---------|--|
| Title              | <u>Name</u>                  | Address | Type of Action   |
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| fective date, if other than the neffective date is listed, the date mater. If the date inserted in this learnent's effective date on the | block does not meet the appl               | icable statutory filin; | ore than 90 days after filu | ig.) Pursuant to 605.020 |
| record specifies a delaye<br>The 90th day after the re   | ed effective date, but r<br>cord is filed. | ot an effective t       | ime, at 12:01 a.m           | r=- {                    |
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Typed or printed name of signee

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