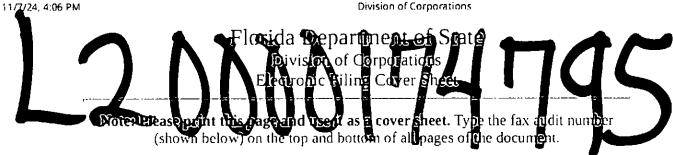
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Division of Corporations



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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 : (813)436-5206

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

Empil:	Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRIGHTER UTILITIES TAMPA PLUMBING, LLC

Cenificate of Status	0	
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Estimated Charge	\$25.00	

M. SOLOMON

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Help

11/7/2024 13:13:24 PST To: 18506176383 Page: 2/4 Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRIGHTER UTILITIES TAMPA PLUMBING, LLC		
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records. Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company Florida document number L20000174795	were filed on 06/23/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10944 N 56th St	
(Principal office address MUST BE A STREET ADDRESS)	#205	024
	Temple Terrace, FL 33617	No Ti
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		-7 PM U: 56
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flor	rida
	Cuy	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.

11/7/2024 13:13.24 PST To: 18506176383 Page, 3/4 Fax: 813436520

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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Effective date, if other than the da	te of filing:specific and cannot be prior t	o date of filing or more the	(optional) in 90 days after filing.) Pur	suant to 605,0207
Note: If the date inserted in this block document's effective date on the Department.	does not meet the applica	ble statutory filing requ	irements, this date will	not be listed as
e record specifies a delayed effective da rd is filed.	ite, but not an effective tir	ne, at 12:01 a.m. on the	earlier of: (b) The 90	th day after the
Dated November 7th	2024			
11/2/2	Smi			

Typed or printed name of signee