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Electronic Filing Cover Sheet

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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.

| | LLC AMND/RESTATE/CORREC BRIGHTON PART | ۱ ۵ ۵ | |
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| O Brighton Partners LLC (Name of the Limited Liability Compare (A Florida Limited Liability Company Florida document number L20000257933 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi | ny as it now appears on our records.) hability Company) were filed on 08/20/2020 and passigned ility company here: |
| The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 7901 4th St N STE 300 St. Petersburg FL 33702 120 Palencia Village Dr. #C-105-185 |
| Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX</u>) | saint augustine Florida 32095 |

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

| Name of New Registered Agent: | | |
|--------------------------------|------------------------------|----------------|
| New Registered Office Address: | Enter Florida street address | |
| | Flori | da 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, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

•

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------|-----------------------------|----------------|
| AMBR | Michael E Reich | 7901 4th St N STE 300 | 🛛 Add |
| | | St. Petersburg, FL US 33702 | Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

| Dated September 2 2020 | |
|--|--|
| Riter Fack Signature of a member or authorized representative of a member | |
| Riley Park | |

Page 3 of 3

Filing Fee: \$25.00