

h21000167550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

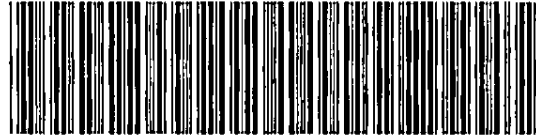
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700387936947

05/24/22--01016--026 **25.00

FILED
2022 AUG 19 PM 4: 14
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ACE FINANCIAL MANAGEMENT, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PATRICIA HERLEHY

Name of Person

ACE FINANCIAL MANAGEMENT, LLC

Firm/Company

972 SW KAPPA AVENUE

Address

PORT ST LUCIE, FL 34953

City/State and Zip Code

PHERLEHY@BRIGHTSIDEFINANCIALSERVICES.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICIA HERLEHY

561 370-8576

at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2022

PATRICIA HERLEHY
972 SW KAPPA AVENUE
PORT ST LUCIE, FL 34953

SUBJECT: ACE PROPERTY MANAGEMENT LLC
Ref. Number: W22000098054

We have received your document for ACE PROPERTY MANAGEMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 222A00016788

2022 JUL 19 PM 2:11

RECEIVED
DIVISION OF CORPORATIONS
JUL 19 2022

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

FILED

2022 AUG 19 PM 4: 14

ACE FINANCIAL MANAGEMENT, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 04/12/2021 and assigned
Florida document number L21000167550.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BRIGHTSIDE HOME MAINTENANCE, LLC

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:

1775 SW GATLIN BOULEVARD, SUITE 202

(Principal office address MUST BE A STREET ADDRESS)

PORT ST LUCIE, FL 34953

Enter new mailing address, if applicable:

1775 SW GATLIN BOULEVARD, SUITE 202

(Mailing address MAY BE A POST OFFICE BOX)

PORT ST LUCIE, FL 34953

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

Name of New Registered Agent:

New Registered Office Address:

Enter 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

MGR = Manager
AMBR = Authorized Member

[illegible]

