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(Do	ocument Number)	
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COVER LETTER

TO: Registration Sec Division of Corp	tion orations		
SUBJECT:	Pa Bright Name of Lim	SOCIAL LL ited Liability Company	<u>C</u>
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	B. Elizab Sea Br 43 Ca Destir	Peth Arm Strongane of Person 19ht Sou'al Firm/Company Address L 32F City/State and Zip Code COLLOW Albert Co.	ong LLC 541
m		to be used for future annual report notifi	cation)
RELIZABLE Name of	ncerning this matter, please ca	M at 478, 955	1292 Telephone Number
Enclosed is a check for the	following amount:		
\$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sea Bright Sompa (Name of the Limited Liability Compa (A Florida Limited Liability Compa)	Ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on OO 07 200 and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabilite Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ty Company," the designation "L.L.C." 43 COURT Drive Destin, FL 32541
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	43 (auxt Drive Destin, FL 32541
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address: Dest	Enter Florida street address City Florida Ziv 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, 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
			□Add
			□Remove
			□Add
			□Remove
			□Change
			⊡Add
			Remove
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(If an effection Note: 1	tive date, if other than the date of filing:
he 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 d.
Dated _	09/20/2021
<u>-</u>	B.GOVA A OV
	Signature of a member or authorized representative of a member