

L21000275494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

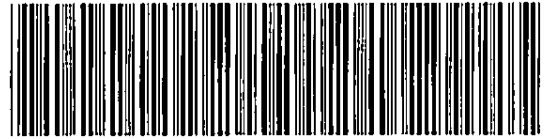
(Business Entity Name)

(Document Number)

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DEPARTMENT OF  
DIVISION OF CORPORATION  
TALLAHASSEE, FL 32399

2024 JAN - 8 AM 11:33

FILED

A. PARISHANI

FEB - 3 2024

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BRIGHTSIDE LAWN CARE

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:

AMEER SAHIBZADA

Name of Person

BRIGHTSIDE LAWN CARE

Firm/Company

9901 TRIPLE CROWN CIRCLE

Address

ORLANDO, FL, 32825

City/State and Zip Code

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

For further information concerning this matter, please call:

AMEER SAHIBZADA

Name of Person

at ( 407 ) 421-9442

Area Code

Daytime 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:

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

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2024 JAN -8 AM 11:44

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

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

FILED  
2024 JAN -8 AM 8:44  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATION  
STATE

The Articles of Organization for this Limited Liability Company were filed on 06/14/2021 as assigned  
Florida document number L22000275494.

This amendment is submitted to amend the following:

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

BRIGHTSIDE SOLUTIONS 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:**

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**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**

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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2024 JAN -8 AM 11:44  
DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
TALLAHASSEE, FL 32309

2024 JAN - 8 AM 11:44  
SOUTHERN BELL  
DIVISION OF CORPORATION  
WILLIAMSBURG, FLORIDA

2024 JAN - 8 AM 11:44

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated \_\_\_\_\_, \_\_\_\_\_

AMEER SAHIBZADA

Typed or printed name of signee