

L21 000279239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

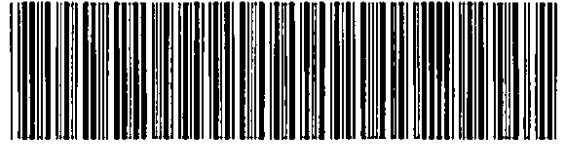
(Business Entity Name)

(Document Number)

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05/31/22--01016--009 **25.00

2022 MAY 31 AM 8:40
FILED
CLERK OF COURT

8/6/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRIGHT ADULT DAY CARE 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:

CIUS, MARIE

Name of Person

Firm/Company

970 SE BAYFRONT AVE

Address

PORT ST LUCIE, FL 34983

City/State and Zip Code

mariecius123@gmail.com

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

For further information concerning this matter, please call:

Marie Cius

407

3915246

at (_____) _____
Area Code

Daytime Telephone Number

\$ 772-940-4679

772-940-4679 M.L

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

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

BRIGHT ADULT DAY CARE LLC

2022 MAY 31 AM 8:40

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

The Articles of Organization for this Limited Liability Company were filed on 06/16/2021 and assigned
Florida document number L21000279239.

This amendment is submitted to amend the following:

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

Bright Family Home 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:

1931 SW McAllister Ln

(Principal office address MUST BE A STREET ADDRESS)

port st lucie fl 34953

Enter new mailing address, if applicable:

1931 SW McAllister Ln

(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:

Walder Cius

New Registered Office Address:

970 se bayfront ave

Enter Florida street address

port st lucie

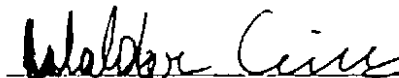
City

Florida 34983

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

[illegible]

[illegible]

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.

Marie Cius
Signature of a member or authorized representative of a member

Marie Cius Marie Cius
Typed or printed name of signer