### Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

From:

Division of Corporations

Fax Number : (850)617-6383

Account Name : AMERICA COMPANY FORMATION & MANAGEMENT INC

Account Number : 120180000071

Phone : (239)214-8992

Fax Number : (786)460-8863

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.∗∗∗

Email Address:\_

michael@rau.cc

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRIGHT APARTMENTS USA LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

JUL 2 9 2021

A. LUNT

# **COVER LETTER**

TO: Registration Sec Division of Cor					
	PARTMENTS USA LLC				
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Michael Rau				
	*	Name of Person			
	America Company & Form	nation Services Inc			
		Firm/Company	<u> </u>		2
	1217 Cape Coral pKwy			21.	SEC 33S
		Address	<del></del>	21 JUL 28	22 07 07
	Cape Coral FL 33904				HRY CO
		City/State and Zip Code		AH	자 자 자 다 다
	michael@rau.cc	to be used for future annual report notifi	cation)	<u>ب</u>	XAT AT
For further information c	oncerning this matter, please e		,	க	STATE
Michael Rau		239 2148892 at ( )			
Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Sto Certificate of Sto Certified Copy (additional copy is a	atus &	
Mailing Address Registration	Section	<u>Street Address:</u> Registration Sec Division of Corp			
Division of C P.O. Box 632	-	The Centre of T	allahassee		
Tallahassee,	FL 32314	2415 N. Monroc	Street, Suite 810		

Tallahassee, FL 32303

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Seite 3 von 5

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRIGHT APA	RTMENTS USA LLU		
(Name of the Limited Liab (A Flor	ility Company as it now appea ida Limited Liability Company)	rs on our records.)	<del></del>
The Articles of Organization for this Limited Liability	Company were filed on	07/09/2021	and assigned
Florida document number L21000314492	<del></del> ·		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the li</u>	mited liability company h	<u>ere</u> :	
The new name must be distinguishable and contain the words "L	imited 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 AD)	DRESS)		
			)L (F)
			8 A. COST
Enter new mailing address, if applicable:		-	9 9
(Mailing address MAY BE A POST OFFICE BOX)			NATIONS
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our	records, <u>enter the na</u>	
Name of New Registered Agent:	KUHLMANN, HENDRI	K	
New Registered Office Address:	E	onda street address	
	Enter Pla	oriaa sireet aaaress	
<u> </u>		, Florida _	0.01
	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

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Seite 4 von !

28.07.21 14:46:38

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			☐ Remove
			□ Add
			Remove
			SECRETAR Dichomore July GAdd Of GA
			JULES ALES: 160
			Chang
			□Add
			☐ Change
			Remove
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			Remove
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	28	F CORPO
	<u>8</u>	)F ST/ (POR/
	<del>_</del>	STATE
		S
Effective date, if other than the date of filing:  (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	onal) filing.) Pursuant to 605 s date will not be liste	i 0207 (3 ed as th
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b cord is filed.	) The 90th day after	r the
07/28/2021		
Dated		

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Filing Fee: \$25.00