(Requestor's Name)
(Address)
(1881-1897)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Comment Northern
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





FLORIDA CAPITAL COURIER SERVICES, INC	
2330 CLARE DRIVE TALLAHASSEE, FL 32309	
(850) 524-5437	
(850) 524-6243	
Bright Future Aventura LLC L210003891	240
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy of Articles of Organization	
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other CORP	X AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filingLimited Partnership
Fictitious Name	Reinstatement Statement of Revocation of Dissolution
Country Country	Statement of Revocation of Dissolution Other

EXAMINER'S INITIALS:____

FLORIDA CAPITAL COURIER SERVICES; INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243	S .
PLEASE USE FUNDS FROM ACCT: 1202100 AUTHORIZATION SIGNATURE: Bright Future Aventura LLC L21000389 Business Name Doc	Oud UT
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy of Articles of Organization	
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other CORP	X Amendment Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger Conversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
Fictitious Name	Limited PartnershipReinstatement
^_APOSTIL . Dominion= P Country	Statement of Revocation of DissolutionOther

EXAMINER'S INITIALS:____

COVER LETTER

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eun irea		re Aventura LLC		
SUBJECT	· · · · · · · · · · · · · · · · · · ·	Name of Lin	nited Liability Company	
The enclos	and Articles of	Amendment and fee(s) are sub	amitted for filing	
		indence concerning this matter	-	
		Keith Diamond		
			Name of Person	
		Keith D. Diamond, P.A.		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		3440 Hollywood Blvd. Su	ite 415	
			Address	
		Hollywood, Fl 33021		
			City/State and Zip Code	
		keithdiamond2@aol.com		
		E-mail address: (to be used for future annual report no	tification)
For further	information c	oncerning this matter, please c	all:	
Keith Diar	nond		954 618-1008 at ()	
	Name o	f Person		ne Telephone Number
Enclosed i	s a check for th	ne 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)
_	lailing Addres		Street Address: Registration So	ection
	egistration solvision of C		Division of Co	
Р	.O. Box 632	7	The Centre of	Tallahassee
T	allahassee, F	L 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bright Future Aventura LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on August 31, 2021	and assigned
Florida document number L21000389142	<u>_</u> -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR	<u></u>	
		202
Enter new mailing address, if applicable:		10
Mailing address MAY BE A POST OFFICE BOX)		
Maning dantess MAT BE ATOST OF THE BOXY		1.2
		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the	name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	. Florid	
	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>	Name	Address	Type of Action
MGR	Marta L. Rub	17291 NE 19th Avenue	■Add
		North Miami Beach, Fl 33162	□ Remove
			☐ Change
			□ Add
			Remove
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n effective date, if other than the neffective date is listed, the date muster: If the date inserted in this blocument's effective date on the D	e date of filing: st be specific and cannot be prior to date of filir lock does not meet the applicable statutor department of State's records.	ng or more than 90 days after filing.) Pry filing requirements, this date wi	tursuant to 605.020 ill not be listed as
ecord specifies a delayed effectiv is filed.	ve date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 9	90th day after the
ted February 25	2022		
	· · · · · · · · · · · · · · · · · · ·		
	-		
	Signature of a member or authorized representation		