# 121000431740

(Requestor's Name)
(Address)
(,
(Address)
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27 JUL 25 PH 3: 12

T. MATTHEWS

JUL 28 2022



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 31, 2022

AYLEN FERNANDEZ 5600 N. FLAGER DR. #2705 WEST PALM BEACH, FL 33407

SUBJECT: BRIGHTER SUPPLIES LLC

Ref. Number: L21000431740

We have received your document for BRIGHTER SUPPLIES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews OPS

Letter Number: 422A00012212

#### **COVER LETTER**

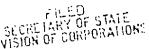
TO: Registration Se Division of Cor			
SUBJECT: BC	ghter Sight. Name of Limi	es LLC ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ayle	n Fernandez Name of Person	<u>.                                    </u>
	·	Firm/Company	
	5600 N F	Tagler Dr Ap	ot 2705
	west Palm	Blach FL S	33407
	brighter Supplemental Brighters & Comments of the Brighter Supplemental Brighters & Comments of the Brighter Supplemental Brighter	olies IL @ gmain to be used for future annual report notific	ication)
For further information c	oncerning this matter, please co	all:	
Allen Name o	Fernandez	at ( <u>561</u> ) <u>72.6</u> Area Code Daytime	9-9921 Telephone Number
Enclosed is a check for the	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)

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



ARTICLE	or Oi Oi	NGANIZATI T	SECRETARY DIVISION OF CO	RPORATIONS
	Or	7	alaizing of a	он 3:12
Roalter	<.00	lies 1L	22 JUL 25	FU 2. 12
(Name of the Limited Liabil		v as it now appears of ability Company)	n our records.)	<del></del>
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		incompany,	1 10	~ <i>t</i>
The Articles of Organization for this Limited Liability	• •	vere filed on	010(120	21_ and assigned
Florida document number <u>L2100043179</u>	10			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liabil	ity company here	<b>:</b>	
The new name must be distinguishable and contain the words "Lin	mited Liabilit	ty Company," the desi	gnation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2430 (	ware Do	ive
(Principal office address MUST BE A STREET ADD	RESS)	West Pal	in Beach	FL 33409
		2:170		7:00
Enter new mailing address, if applicable:		<u> </u>	Cal Ca	
(Mailing address MAY BE A POST OFFICE BOX)		- West	rain isc	ach, + L 357
B. If amending the registered agent and/or registere		ddress on our rec	ords, <u>enter the na</u>	me of the new registered
agent and/or the new registered office address here:				
A CAN DO CAN DA	/	1 ilon I	ernande	フ
Name of New Registered Agent:		741601 16	·	
New Registered Office Address:	2430	Enter Florid	street address	
(	vest	Palm Be	<u>ich</u> , Florida_	33409
		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>	Address	Type of Action
CEO	Marcio Dias	5600 N Flagler Div	<u>2</u> □ Add
		Apt 2705	<b>k</b> Remove
		W.P.B FL 33407	□ Change
<u>CEO</u>	Aylen Fernandez	2430 Ware Drive	Add
		W. P. B FL 33409	□Remove
			□Change
····			□Add
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(If an c	tive date, if other than the date of filing:
the reco	ord 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 filed.
Date	June 7. 2022.
	- OND-
	Signature of a member or authorized representative of a member