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COVER LETTER

	Registration So Division of Cor				34
eun wa	Brightway	Lawns		•	
SUBJEC	.1:	Name of Lin	nited Liability Company		
The enck	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		Franklin Parker			
			Name of Person		2
		Brightway Lawns			2 A(
		-	Firm/Company		<u>.</u>
		8206 Curry Ford Rd.			О В
			Address	, , , , , , , , , , , , , , , , , , , 	22 AUG 10 AM 10: 40
		Orlando, FL 32803			0.
			City/State and Zip Code		
		page@brightwaylawns.com			
For furth	er information c	e-mail address: (to be used for future annual reall:	port notification)	
Franklin		71	407 308-2 at ()	2757	
	Name o	f Person	Area Code	Daytime Telephone Number	
Enclosed	is a check for th	ne following amount:			
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certified	e of Status &
	Mailing Addres Registration S	Section	_	ion Section	
	Division of C	forporations	Division	of Corporations	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

(Name of the Limited Liabil (A Florid	ity Company as it now appears on ou a Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability (Florida document number 874777986	Company were filed on	2 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	22 AU
Enter new mailing address, if applicable:		01.9 0.00 0.000 0.000 0.000 0.000
(Mailing address MAY BE A POST OFFICE BOX)		AHIO
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records,	enter the name of the new registered
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 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
AMBR	Peyton Parker	8206 Curry Ford Rd. Orlando, FL 32825	= Add
			□Remove
			□Сһапде
AMBR	Vinh Nguyen	12005 Summerspring Lake Dr. Orlando, FI. 32825	🗆 Add
			=Remove
			□Change
AMBR	Jolie Parker	8206 Curry Ford Rd, Orlando, FL 32825	■Add
			□Remove
			Cangging Stock
			AUG O AMO LOCAL
			Change
			□Add
			□Remove
			□Change
			□Add
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ffective date, if other than t	he date of filing:			(optic	onal)	
an effective date is listed, the date in ote: If the date inserted in this	must be specific and can	not be prior to da the applicable	te of filing or mor statutory filing	e than 90 days after	filing.) Pursuant to	605.0207 (
ocument's effective date on the			, ,	•		
record specifies a delayed effec	utivo dato. hut not an a	effactiva tima	at 12:01 a.m. on	the parlier of the) The O0th day	after the
is filed.	inve date, our not an e	meenve mie,	at 12.01 a.m. on	the carner or. (o) The John day	arei ne
. 08/08	20)22				
ated	•					
	Signature of a memi	MIL				_

Filing Fee: \$25.00