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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE TALLAHASSEE, FL

2022 APR 11 AM 7: 0

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COVER LETTER

| | gistration Se vision of Cor | | | | | 1 | |
|---|--------------------------------|--|---|---|------------------|---------|---|
| CUD IECT. | BRITE HO | MES RESTORATION LLC | | | | , | ı |
| SUBJECT: | | Name of Lin | nited Liability Compa | iny | | | |
| The enclose | d Articles of | Amendment and fee(s) are sub | omitted for filing. | | | | |
| Please return | n all correspo | ondence concerning this matter | to the following: | | | | |
| | | IAN JOHNSON | | | | | |
| | | | Name of Pers | on | | | |
| | | BRITE HOMES RESTOR | RATION LLC | | | | |
| | | | Firn/Compa | ny | | | |
| | | 16353 SW 29TH STREET | · | | | | |
| | | | Address | | | | |
| | | MIRAMAR, FL 33027 | | | | | |
| | | | City/State and Zip | Cod | e | | |
| | | IOJ2KS@YAHOO.COM | | | · | | |
| For further i | nformation c | E-mail address: (oncerning this matter, please c | to be used for future | annua | al report notili | cation) | |
| IAN JOHNS | | | 954 | ε | 49-8545 | | |
| ———— | | _ | at (|) _ | | | |
| | Name o | f Person | Area Co | ie | Daytime | Telepho | one Number |
| Enclosed is | a check for th | ne following amount: | | | | | |
| \$25.00 | Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ S55.00 Filin Certified C (additional co | ору | | | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | iling Addres | | | | Address: | ·i a.e | |
| Registration Section Division of Corporations | | | | Registration Section Division of Corporations | | | |
| | D. Box 632 | | | | entre of Ta | | |
| Ta | llahassee, I | FL 32314 | 24 | 2415 N. Monroe Street, Suite 810 | | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT FILED TO ARTICLES OF ORGANIZATION 2 APR 11 AM 7: 01 OF

SECRETARY OF STATE TALLAHASSEE, FL

BRITE HOMES RESTORATION LLC

(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 | y were filed on 03/01/2022 | and assigned |
|---|-------------------------------------|----------------------------------|
| Florida document number L22000106274 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lial | bility company here: | |
| The new name must be distinguishable and contain the words "Limited Liab | ility Company," the designation "LL | C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>ente</u> | r the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street addre | ess |
| | . F | lorida |
| | 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

Is 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 |
|--------------|---------------|----------------------|----------------|
| AMBR | DONOVAN DALEY | 16353 SW 29TH STREET | 🗀 Add |
| | | MIRAMAR, FL 33027 | ■Remove |
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| Effective date, if other than the date of filing: (if an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. 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 ord is filed. Dated MARCH 21 2022 Signsture of a member or authorized representative of a member IAN JOHNSON | | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|---|-------|--|
| Effective date, if other than the date of filing: (optional) (If an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. 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 ord is filed. Dated MARCH 21 2022 Signature of a member or authorized representative of a member | | |
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| Dated MARCH 21. 2022 Signature of a member or authorized representative of a member | Note: | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as |
| Signature of a member or authorized representative of a member | | |
| | Dated | MARCH 21, 2022 |
| | | Signature of a member or authorized representative of a member |
| | | |

Filing Fee: \$25.00