## 12200216591

| (Req                      | uestor's Name)   |           |
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| (City)                    | /State/Zip/Phone | ≘ #)      |
| PICK-UP                   | WAIT             | MAIL      |
|                           |                  |           |
| (Busi                     | iness Entity Nan | ne)       |
|                           |                  |           |
| (Doc                      | ument Number)    |           |
|                           |                  |           |
| Certified Copies          | Certificates     | of Status |
|                           |                  |           |
| Special Instructions to F | iling Officer:   |           |
|                           |                  |           |
|                           |                  |           |
| Q.                        | SILAS            |           |
| NUL                       | 1 4 2022         |           |
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Office Use Only

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SECRETARY OF STATE DIVILLAHASSEE, FLORIDA

## **COVER LETTER**

TO: 'Registration Section

Tallahassee, FL 32314

| Division of Cor             | porations                                    |                                                                     |                                                                                            |
|-----------------------------|----------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| SUBJECT: Bri                | ght House Dr                                 | MELLC ited Liability Company                                        | <u> </u>                                                                                   |
|                             | Oe or E                                      | ned Calonity Conquity                                               |                                                                                            |
| The enclosed Articles of    | Amendment and fee(s) are sub                 | mitted for filing.                                                  |                                                                                            |
| Please return all correspo  | ondence concerning this matter               | to the following:                                                   |                                                                                            |
|                             | Hal Bro                                      | Name of Person                                                      |                                                                                            |
|                             | N/A                                          |                                                                     |                                                                                            |
|                             | 0                                            | Firm/Company                                                        |                                                                                            |
|                             | 850 NW 12                                    | -6th drive<br>Address                                               |                                                                                            |
|                             | Corol Spring                                 | 35; FL 33071<br>City/State and Zip Code                             |                                                                                            |
|                             | brownhall<br>E-mail address: (               | 8 0 mail. com to be used for future annual report noti              | fication)                                                                                  |
| For further information c   | oncerning this matter, please ca             | all:                                                                |                                                                                            |
| Hal Brown                   | f Person                                     | at (154) 864-<br>Area Code Daytim                                   | 1061<br>e 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 Addres              |                                              | Street Address:                                                     |                                                                                            |
| Registration S              |                                              | Registration Sec                                                    |                                                                                            |
| Division of C               | 3                                            | Division of Cor                                                     | *                                                                                          |
| P.O. Box 632                | $\mathcal{J}$                                | The Centre of T                                                     | allahassee                                                                                 |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

| Bright House DMEL                                                                                                   | LC.                           | 3155 704 14 54 1:22                  |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------|
| Bright House DME L<br>(Name of the Limited Liability Compa<br>(A Florida Limited L                                  | ny as it now appears on our   | TALLAHASSEE, FI                      |
| The Articles of Organization for this Limited Liability Company                                                     | r' 171                        | 22 and assigned                      |
| Florida document number <u>L22000216591</u>                                                                         | ,                             |                                      |
| This amendment is submitted to amend the following:                                                                 |                               |                                      |
| A. If amending name, enter the new name of the limited liabi                                                        | <u>ilitv company here</u> :   |                                      |
| The new name must be distinguishable and contain the words "Limited Liabil                                          | ity Company," the designation | "LLC" 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 a agent and/or the new registered office address here: | iddress on our records, g     | 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 agre                                                        | ee 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> | <u>Name</u> | <u>Address</u>                     | Type of Action |
|--------------|-------------|------------------------------------|----------------|
| AMBR         | Hal Brown   | 850 NW 124th dr Corol Springs, Ff. | □Add           |
|              |             |                                    | Remove         |
|              |             |                                    | □Change        |
|              |             | <del></del>                        | 🗆 Add          |
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| If an effec<br><u>Note:</u> If | e date, if other than the date of filing:                                                                                     |
| e record<br>rd is file         | 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 d. |
| Dated _                        | June 8 2022.                                                                                                                  |
|                                |                                                                                                                               |
|                                | Signature of a member or authorized representative of a member                                                                |
|                                | Hal Brown Typed or printed name of signee                                                                                     |