L22000384164

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Special Instructions to I	Filing Officer:
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COVER LETTER

TO: Registration S Division of Co			
Contract C	Collect, LLC		,
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
	condence concerning this matter	_	
	Ryan Korszeniewski		
		Name of Person	
	Contract Collect, LLC		
		Firm/Company	
	10867 Camino Circle		
		Address	
	Wellington		
		City/State and Zip Code	
	Ryan@amitygx.com	to be used for future annual report noti	fination)
For further information	concerning this matter, please c	•	nearon)
Ryan Korszeniewski		805 819-1101	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fcc	☐ \$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 Addre		Street Address:	
Registration	Section Corporations	Registration Sec Division of Cor	
P.O. Box 63	-	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 SEP - 1 AM 7: 3-

Contract Collect, 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	were filed on August 31, 2022	and assigned
Florida document number L22000384164		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Build Bright Ideas Marketing, LLC		
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:	10867 Camino Circle	
(Principal office address MUST BE A STREET ADDRESS)	Wellington, FL 33414	
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:	address on our records, <u>enter the</u>	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florie	da
	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
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			□Change
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			□ Remove
			□Change

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ective	date, if other than the date of filing:
n effect ite: If	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	's effective date on the Department of State's records.
ccord s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed	
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ted	D/W/C3;
	Signature of a member or authorized representative of a member
	Ryan Korszeniewski
	Typed or printed name of signee

Filing Fee: \$25.00