L2200384859

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE

FILED

COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|---|--|--|
| AR CPA L | LC | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Adriana Rahrig | | |
| | | Name of Person | |
| | | Firm/Company | |
| | 341 Glenn Rd | Titure, company | |
| | | Address | |
| | West Palm Beach, FL 334 | 05 | |
| | | City/State and Zip Code | |
| | BrightLineCPA@gmail.com | | |
| For further information of | E-mail address: (concerning this matter, please c | to be used for future annual report not all: | iffication) |
| Adriana Rahrig | | 561 972-8001 | |
| Name o | of Person | at () | ne Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| ¥\$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| <u>Mailing Addre</u> Registration | | <u>Street Address:</u> Registration Sc | ection |
| Division of C | | Division of Co | |
| P.O. Box 632 | 27 | The Centre of | Tallahassee |
| Tallahassee. | FL 32314 | 2415 N. Monro | be Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| AR CPA LLC | | |
|---|--|-------------------------------|
| (Name of the Limited Liability Comp (A Florida Limited | oany as it now appears on our records.) (Liability Company) | |
| The Articles of Organization for this Limited Liability Compan | y were filed on <u>69/01/2022</u> | and assigned |
| Florida document number L22000384859 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | |
| BrightLine CPA LLC | | |
| The new name must be distinguishable and contain the words "Limited Liab | oility Company," the designation "LLC" o | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | <u></u> | |
| (Principal office address MUST BE A STREET ADDRESS) | | P L SECRETAL |
| | | |
| | | |
| Enter new mailing address, if applicable: | | 1555 TI |
| (Mailing address MAY BE A POST OFFICE BOX) | | m _o , N |
| | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter th | ie name of the new registered |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| - | Enter Florida street address | |
| | , Flor | ida |
| | 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> | Name | Address | Type of Action |
|--------------|-------------|-------------|----------------|
| | | | □Add |
| | | | Remove |
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Page 2 of 3

| Effective date, if other than the date of filing: 11/15/2022 (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than ⁹ 01 days after filing.) Pursuant to 605 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. | _ | | |
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| i the append apperition and allowed officiative data, but not an effective time, at 12.01 and an experience | 605.0207 (3) listed as the | filing: (optional) itic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant s not meet the applicable statutory filing requirements, this date will not be | f an effective date is listed, the date must Note: If the date inserted in this blo |
| the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied). The 90th day after the record is filed. | rlier of: | | |
| November 15 2022 Dated | | 2022 | November 15 |
| Advisor Ralvig Signature of a member or authorized representative of a member | | ma Ralnig | Δ, |
| Signature of a member or authorized refresentative of a member | | e of a member or authorized representative of a member | |
| Adriana Rahrig Typed or printed name of signee | | | Adriana Rahrig |

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Filing Fee: \$25.00