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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

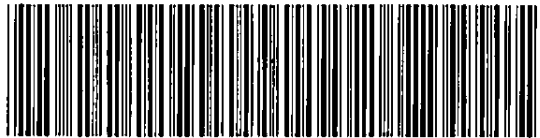
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2024/03/12 PM 4:30

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BRIGHT DAY ADVISORS, LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JENNIFER ROE

\_\_\_\_\_  
Name of Person

BRIGHT DAY ADVISORS, LLC

\_\_\_\_\_  
Firm/Company

1705 COLUMBIANA LN

\_\_\_\_\_  
Address

VESTAVIA HILLS, AL 35216

\_\_\_\_\_  
City/State and Zip Code

jen@brightdayadvisors.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JENNIFER J ROE

205 541-6143

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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 Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	SHELLEY J DOSTIE	9303 BAYSHORE RD, G 25	<input type="checkbox"/> Add
		PALMETTO, FL 34221 US	<input type="checkbox"/> Remove
		CHANGE FROM MGR TO AMBR	<input checked="" type="checkbox"/> Change
AMBR	ANNE C HALLETT	4416 E 3RD ST	<input type="checkbox"/> Add
		TUCSON, AZ 85711 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HOWARD C HALLETT	9523 S RAINTREE DR	<input type="checkbox"/> Add
		SANDY, UT 84092 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

**SHELLEY J DOSTIE SHOULD BE CHANGED FROM A MANAGER TO A MEMBER.**

[illegible]


**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated MARCH 1, 2024

  
Signature of a member or author

Signature of a member or authorized representative of a member

JENNIFER J ROE

Typed or printed name of signer