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# **COVER LETTER**

### TO: Registration Section Division of Corporations

• .

P.O. Box 6327

Tallahassee, FL 32314

Brighter Homes Developement LLC

SUBJECT:

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:

Juan Texidor

Name of Person

Brighter Homes Deelopment company

Firm/Company

4930 4TH ST South

Address

SAINT PETERSBURG, FL 33705

		City/State and Zip Code			
	juan@brighterhomesdevgro	oup.com		2024	
	E-mail address: (	to be used for future annual report noti	fication)	· · · · · · · · · · · · · · · · · · ·	
For further information c	oncerning this matter, please c	all:		i Gi	LTE-1-2 - 2-14-1 -
Juan Texidor		727 300-9363		PH	
Name c	f Person		e Telephone Number	LA: 18 STATE	ر_)
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
<u>Mailing Addre</u> Registration Division of C	Section	<u>Street Address:</u> Registration Sec Division of Cor			

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRIGHTER HOMES DEVELOPMEN	T GROUP LLC	
( <u>Name of the Limited</u> (A	Liability Company as it now appears on our reco Florida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liabi		and assigned
Florida document number 1.23000136920	,	
This amendment is submitted to amend the followi	ng:	
A. If amending name, <u>enter the new name of th</u>	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "Li	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET -	(DDRESS)	
	·····	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or regiagent and/or the new registered office address h		r the name of the new registered
agent and/or the new registered office address h	iere.	PH 4: 1
		IA.
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
-		Norida Zip Code
	City	zip Çode

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> or removed from our records:

## MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Tierra Archer	360 Central Ave suite 800	<b>≣</b> Add
		St.Petersburg Florida 33701	🗆 Remove
			□Change
			🖸 Add
			🗆 Remove
			Add 2021 FERemove
			□Remove
		. <u> </u>	□Change
			□Add
			□Remove
			🗆 Change
<u> </u>			🗋 Add
			🗆 Remove
			□Change

•.			
•	•	-	

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

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 		 2021 FER
		 2024 FED - 1
 		 2024 FEB - 1 PF
 		 2024 FED - 1 PK
		 2024 FED - PK 4
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		 2024 FED - 1 PK 14: 18
		 2024 FED - 1 PM 4: 18

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 01/22	202	2-4	
í			
N N		\[	
	Signature of a membe	For authorized representative of a member	······································
Juan Texidor	•		
	Type	d or printed name of signee	

Typed of printed name of signee