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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	9 #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations			
eup lece.	BRIGHT F	UTURE PL LLC			
SUBJECT:		Name of Lin	nited Liability Company		
The enclosed	l Articles of .	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		THINH DUC PHAN			
			Name of Person		
		BRIGHT FUTURE PL LI	LC		
			Firm/Company	· 	
684 150th Ave					
			Address		
		Madeira Beach, FL 33708			
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		
		thinh.phan@aecom.com			
s 6 4 <i>1</i>			to be used for future annual r	eport notification)	
ror further n	nformation c	oncerning this matter, please o	all:		
	Thinh Du	ic Phan	ne (-9847	
	Name of	f Person	Area Code	Daytime Telephon	e Number
Enclosed is a	i check for th	ne following amount:			
■ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	osed)	660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres		Street Ad		
	gistration S			tion Section of Corporation	c
	vision of C D. Box 632	orporations 7		tre of Tallahass	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRIGHT FUTURE I	PL LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears o ed Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Compa	ny were filed on $\frac{05/2}{}$	2/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here	:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the desi	gnation "LLC" or the	abbreviation "L.1C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			.:
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	· <u>-</u>	
		-	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our rec	ords, <u>enter the na</u>	me of the new registered ਹਾ
Name of New Registered Agent:		·	
New Registered Office Address:		<u></u>	
	Enter Floride	i street address	
		, Florida _	
	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
MGR	HUONG T LUU		□Add
		209 176th Ave E Redington Shores, FL 33708	■Remove
			□Change
			□Add
			□Remove
			□Change
			□Add →
			□Remove ¬
			Change
			ن Add⊥
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m effect ote: If	e date, if other than the tive date is listed, the date mus the date inserted in this bl nt's effective date on the D	date of filing: st be specific and cannot b ock does not meet the	applicable statutory	g or more than 90 days a	otional) fler filing.) Pursuant to 60 this date will not be lis	ں - 5.020 ted a:
is filed				a.m. on the earlier of	(b) The 90th day after	er the
	12/19/23	Signature of a member of	 ·			
ated	-7/					

Filing Fee: \$25.00