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(Re	questor's Name)	
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Certified Copies	Certificates	s of Status
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SECRETARY OF STATE DIVISION OF CORPORATION





ŤO:	Registration Section Division of Corporations	<b>4.</b>		•	***		,
SUBJ	ECT:	Brights	ide Realty LLC.	*		e'	
			nited Liability Company				
The en	nclosed Articles of Amendmen	t and fee(s) are sub	omitted for filing.				
Please	return all correspondence con	ceming this matter	to the following:				
			Khalil Raba	h			
	<del></del>		Name of Person				_,
			Firm/Company			1023	SECRETE CORPORATIONS SECRETE CORPORATIONS
						Ć.	5 AM
		1605 V	V University Pkv Address	vy Suite	203		
				0.40.40			SORPCRAITOR
			Sarasota Fl. City/State and Zip Code				: <b>13</b>
			_ilorabah2@gma	ail.com			
			(to be used for future annua	al r <del>ep</del> ort noti	fication)		
For fu	orther information concerning t	his matter, please o	call:				
	Lilo Rabah	1	at ( <u>614</u> )_		.0205		
	Name of Person		Area Code	Daytime	e Telephone Nu	mber	
Enclo	sed is a check for the following	g amount:					
≅ \$:		00 Filing Fee & tificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is e		Certi Certi	0 Filing Fee, ificate of Status ified Copy ional copy is enclo	
	Mailing Address: Registration Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314		Regist Divisi The C 2415 I		porations allahassee e Street, Sui	te 810	

## TO ARTICLES OF ORGANIZATION OF

anghiside Healty LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
ne Articles of Organization for this Limited Liability Composition or the Limited Liability Composition or Liability Composition (Liability Composition).	any were filed on6/6/2023	and assigned
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	liability company here:	
u Life Realty LLC.		<u> </u>
e new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" o	r the abbreviation "L.E.C."
nter new principal offices address, if applicable:	N/A. Did not change.	3 NOV
rincipal office address MUST BE A STREET ADDRESS	<u> </u>	2 31 5 5 F
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u> )	N/A	PH 4: 43
. If amending the registered agent and/or registered offent and/or the new registered office address here:  Name of New Registered Agent:	fice address on our records, <u>enter th</u>	e name of the new regist
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Flor	
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

Delakatida Daalkat I C

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, 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
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			□Remove
			Change
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n effective	date is listed, the dat	e must be specifi	c and cannot b	e prior to date	of filing or me	ore than 90 da	ys after filin	g.) Pursuan	t to 605.02
<u>ote:</u> If the cument's	date inserted in the	ns block does i he Department	of State's re	applicable su cords.	atutory man	; requiremen	its, uiis uai	ie will not	oc nstea
record species	cifies a delayed efi	ective date, but	t not an effec	tive time, at	12:01 a.m. o	on the earlie	r of: (b)	The 90th d	ay after th
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