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## **COVER LETTER**

TO: Registration Division of C	Section Corporations		
SUBJECT: A	Bright Steam	CIPAINA LL (	
	of Amendment and fee(s) are sub-	-	
	Angela Arci	Name of Person	
	All Bright	HEAM CHANIN	9116
	801 Venetian	Address	
	panama cit	FL 37405 City/State and Zip Code	<del></del>
	AIDVIANTSTRA	o be used for future annual report notif	•
For further informatio	n concerning this matter, please ca	all:	2023 FEC TA
Angela A	e of Person	at ( <u>650</u> ) <u>(785</u> - 6 Area Code Daytimo	SECRETALL 5
Enclosed is a check to	r the following amount:		#10:02 0:01##
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Add</u> Registratio		Street Address: Registration Sec	rtion

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

All Bright Steam Cleaning	TOW ADDRESS OF OHE RECORDS )
(Xame of the Limited Liability Company as it (A Florida Limited Liability	Company)
The Articles of Organization for this Limited Liability Company were f Florida document number <u>L13000413191</u> .	iled on 09 05 23 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Con-	npany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2023
	ACR 00 TILL
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	70
	To: 0
	2
B. If amending the registered agent and/or registered office addres	s on our records, enter the name of the new registe
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	_44444
<del>-</del>	Enter Florida street address
	, Florida
Ci	ty 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 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
MGR	Terry Archit	DO BOX 35022.	□Add
		Panama City, F1 32412	Ekemove
			□Change
MGR	DOLYJUAYA FORREST	PO BOX 35022	□Add
		Panama city, FL 32412	Remove
		SECS	2023 Change
MOR	Shorit Fischer	PO BOX 35072	
		Panama City, Fl 32412	Remove  2  Change
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on 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 605.020 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a	ocument's effe	etive date on the De	partment of State	's records.				
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Filing Fee: \$25.00