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03/04/24--01033--017 **25.00



COVER LETTER

TO: Registration Section Division of Corporations	%− -
SUBJECT: Br. ght Future Name of Limit	Learning ChildCenter LLC
The enclosed Articles of Amendment and fee(s) are sub-	nitted for filing.
Please return all correspondence concerning this matter t	o the following:
Shaminal	Saddy Name of Person
Bright Futur	Firm/Company)
123 John	Address
Perry F1 3	2348 City/State and Zip Code
95haminalag E-mail address: 9	o be used for future annual report notification)
For further information concerning this matter, please ca	
Shaminal Gaddy Name of Person	at (\$50) 371 - 15-53 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)
Mailing Address: Populatration Section	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limited Liability Company or it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2 2 2 3 4 and assigned

Florida document number 2 9 5 8 8

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

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

New Registered Office Address:

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

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
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Effective	e date, if other than the c	late of filing: _			(optiona	l)
If an effec Note: If	tive date is listed, the date must the date inserted in this blo	be specific and can ck does not meet	not be prior to date of the applicable sta	of filing or more that itutory filing reau	n 90 days after filin irements, this dat	g.) Pursuant to 605.0207 e will not be listed as
	at's effective date on the De					
	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
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Filing Fee: \$25.00