L24000181770

| (Requestor's Name) |
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COVER LETTER

TO: Amendment Section
Division of Corporations

A Commence of the Commence of

| NAME OF CORPORA | ATION: Bright Raine | /entures LLC | |
|-----------------------------|---|--|--|
| DOCUMENT NUMBE | cr: <u>L24000181770</u> | | |
| The enclosed Articles of | Amendment and fee are su | bmitted for filing. | |
| Please return all corresp | ondence concerning this ma | tter to the following: | |
| • | Andre Jac | ckson | |
| _ | | Name of Contact Person | 1 |
| _ | | Firm/ Company | |
| | 2839 NW | 6th Court | |
| | | Address | |
| _ | Ft. Lauder | dale, FL 33311 | <u> </u> |
| | | City/ State and Zip Code | e |
| | Jackson7 | 7372@att.net | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further information of | concerning this matter, pleas | se call: | |
| Andre Jackso | on | at (954 |) 600-3934 |
| Name of | Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for t | he following amount made | payable to the Florida Depa | artment of State: |
| S35 Filing Fee | S43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Amend Division P.O. B | ng Address Idment Section on of Corporations ox 6327 | Amend Divisio The Co | Address ment Section n of Corporations entre of Tallahassee |
| Tallah | assee, FL 32314 | 2415 እ | N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BRIGHT RAINE VENTURES LLC | | |
|--|--|---------------------------|
| (<u>Name of the Limited Liabi</u> (A Flori | lity Company as it now appears on our records.) da Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Florida document number L24000181770 | Company were filed on 04/17/2024 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | |
| he new name must be distinguishable and contain the words "Li | mited Liability Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADD | ORESS) | |
| | | |
| | | : |
| Inter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | · |
| | | |
| | | • |
| If amending the registered agent and/or register gent and/or the new registered office address here: | | name of the new regist |
| gent and/or the new registered office address need. | • | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | Florid | laZip Code |
| | 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 |
|--------------|---------------|------------------------|----------------|
| VP | CARLA JACKSON | 2839 NW 6TH COURT | □Add |
| | | FORT LAUDERDALE, 33311 | Remove |
| | | | |
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| Ffective date, if other than the date of filing: | | | | | | | |
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| Annhe Jackson | | | 2024 | | | | |
| Signature of a member or autnorized representative of a member | 8/5/ ated | | , | | | | |
| | 94ted <u>8/5/</u> | | Am | he Jacks | m | | |

Filing Fee: \$25.00