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Office Use Only



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COVER LETTER

	egistration Se ivision of Cor							
eun iner		HOICE CLEANING LLC						
Name of Limited Liability Company								
The enclos	ed Articles of a	Amendment and fee(s) are sub	mitted for filing.					
Please retu	rn all correspo	ndence concerning this matter	to the following:					
		LAISE PEREIRA CALEC	GARIO					
			Name of Person					
		 	Firm/Company					
		3903 Sierra Madre Dr N						
			Address					
		Jacksonville FL 32217						
			City/State and Zip Code					
		laise.calegario@icloud.com	to be used for future annual report no	tification)				
For further	information co	oncerning this matter, please c		inication)				
Laise Cale								
	Name of	Person	Area Code Dayti	me Telephone Number				
Enclosed is	s a check for th	e following amount:						
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				

Mailing Address:
Registration Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Street Address:

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

BRIGHT CHOICE CLEANING L			
(Name of the Limit	ed Liability Compa (A Florida Limited)	i <mark>ny as it now appears on our</mark> Liability Company)	records.)
The Articles of Organization for this Limited L. Elorida document number		were filed on	4 and assigned
his amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
he new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applic	able:	3903 Sierra Madre Dr N	
Principal office address MUST BE A STREET ADDRESS)		Jacksonville FL 32217	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		3903 Sierra Madre Dr N Jacksonville FL 32217	
3. If amending the registered agent and/or regent and/or the new registered office address Name of New Registered Agent:	ss here:	address on our records,	enter the name of the new regist
-	3903 Sierra Ma	adre Dr N	
New Registered Office Address:		Enter Florida stree	t address
	Jacksonville		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	CASSIA ZANCANZRO REGIS	14764 BARTRAM CREEK BLVD	⊡Adđ
		SAINT JOHNS, FL 32259	K Remove
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