

L24000286292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

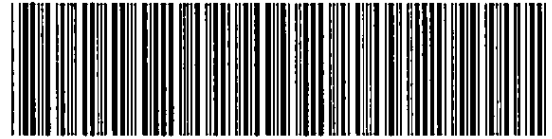
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CLERK OF STATE
TALLAHASSEE, FLORIDA

2024 JUN 28 PM 12: 17

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TALLAHASSEE, FLORIDA

2024 JUN 28 PM 3: 53

RECEIVED

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR
TALLAHASSEE, FL 32309

(850) 491-9625 Brandon
(850) 524-5437 Teresa
(850) 524-6243 Rich

Please use funds from account: I20210000160: \$ 25.00

Authorization Signature: *James Gull*

Business Name: SEASONS BRIGHT LLC

Document # L24000286292

Certified Copy
 Certificate of Status

NEW FILINGS

&

AMENDMENTS

Profit Corp
 Not for Profit
 Limited Liability
 Domestication
 LLLP
 Corp
 Inc
 Other

Amendment
 Resignation / Dissociation
 Change of Registered Agent
 Revocation of Dissolution
 Merger
 Articles of Conversion
 Amended & Restated Articles of Incorporation
 Statement of Authority

APOSTILLE(s)

&

OTHER FILINGS

Apostille(s)
 Country(s)

Foreign Filing
 Reinstatement
 Qualification
 Fictitious Name
 Annual Report

EXAMINER'S INITIALS: _____

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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2024 JUN 28 PM 12: 17

SEASONS BRIGHT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 6/25/2024 and assigned Florida document number 1.24000286292.

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 "L.L.C."

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 Office Address:

Enter Florida street address

_____, 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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

2024 JUN 28 PM 12:17
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

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E. Effective date, if other than the date of filing: _____ (optional)

(If an 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated JUNE 28 2024

Signature of a member or authorized representative of a member

DEREK DEVILLE

Typed or printed name of signee