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COVER LETTER

O: Registration Section Division of Corporations	
UBJECT: BRIGHTS NSA DVERTISING LLC Name of Limited Liability Company	
he enclosed Articles of Amendment and fee(s) are submitted for filing.	
lease return all correspondence concerning this matter to the following:	
CHASE WINGATE Name of Person	
BRIGHTSONS ADVERTISINE LLC Firm/Company	
8755 LEELAND ARCHER BLVD Address	
City/State and Zip Code CHASE WIN 4 © GMail. Com E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call:	
CHASE WINGATE at (407) 663 973 6 Name of Person Area Code Daytime Telephone Number	
nclosed is a check for the following amount:	
□ \$25,00 Filing Fee □ \$30,00 Filing Fee & □ \$55,00 Filing Fee & □ \$60,00 Filing Fee, Certificate of Status □ Certified Copy (additional copy is enclosed) □ \$60,00 Filing Fee, Certified Copy (additional copy is enclosed)	
Mailing Address: Street Address:	

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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

BRIGHTSONSADVERT	ISING LLC	
(<u>Name of the Limited</u> (/	I Liability Company as it now appears on our record Florida Limited Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Lial Florida document number <u>L24 000 3 of 2</u>		, 2024 and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
BRIGHTCONC ADVERTIS	ING ILC	- ,
BRIGHTSONS ADVERTISE The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ble:	•
(Principal office address MUST BE A STREET		<u> </u>
The part of the state of the st		
		Ċ.
Enter new mailing address, if applicable:		:2.
(Mailing address MAY BE A POST OFFICE B	OX)	
maning data co. MATE INDICATIONS OF THE DE		
B. If amending the registered agent and/or regagent and/or the new registered office address		r the name of the new register
Norma of New Decision and Accept		
Name of New Registered Agent:	•	
New Registered Office Address:	Enter Florida street addre	
	rmer r arida sireet adare	53.3
	, F	lorida
	Cuv	zip Coae

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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ffective date is listed		ific and cannot be prior	to date of filing or more		ng.) Pursuant to 605.0
	ted in this block does late on the Departme		rable statutory filing i	requirements, this da	ite will not be listed
rd specifies a del. iled,	ayed effective date, b	out not an effective t	ime, at 12:01 a.m. on	the earlier of: (b)	The 90th day after
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			orized representative of		