## 124000321838

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2024 DEC TO AHTI: II



## **COVER LETTER**

Tallahassee, FL 32314

	istration Se sion of Cor			
CURIFOT.	Bright Elev	rated Holdings LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		David Seidell		
			Name of Person	
		Bright Elevated Holdings	LLC	
			Firm/Company	
		1663 Imperial Palm Drive		
			Address	
		Apopka FL 32712		
		<u> </u>	City/State and Zip Code	<del></del>
		Brightbuilderge@gmail.com	n to be used for future annual report no	otification)
For further in	formation c	oncerning this matter, please ca		ounieuron,
David Seide	11		860 539 0495 at ()	
	Name o	f Person		ime Telephone Number
Enclosed is a	check for th	ne following amount:		
<b>■</b> \$25.00 F	iling 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)
	ling Addres		Street Address: Registration S	Section
Div	ision of C	Corporations	Division of C	orporations
P.C	). Box 632	27	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 166 Bright Elevated Holdings (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

ZUZ4 DEC 10 AH | |: | | | The Articles of Organization for this Limited Liability Company were filed on July 19,2024 EUGETON OF and Assigned TALLAHASSEE. FL Florida document number \_1.24000321838 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

## 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 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	David Seidell	1663 Imperial Palm Drive Apopka 32712	■Add
			□ Remove
			□Change
			🗆 Add
			□ Remove
			□ Change
			□Add
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			Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□ Remove
			□Change

amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
<del></del>	
	<u></u>
<del></del>	
an effective date is Note: If the date	f other than the date of filing:
record specifies d is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
12/3/2024 Dated	
vaicu	O Dielle
-	Signature of a member or authorized representative of a member
	David Seidell