

# MI3 000005360

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600279387496

11/24/15--01037--007 \*\*25.00

FILED  
2015 NOV 24 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W. G. ... 11-2015



November 17, 2015

Florida Department of State  
Division of Corporations  
Registration Section

**RE: Amendment request enclosed.**

Brightstar Financial Services, LLC, Document Number M13000005360, wishes to amend its name in Florida to reflect its new name. The new name is Brightstar Financial Solutions, LLC. Please see the following documentation:

- Completed and signed amendment form.
- Evidence of amendment and a current Certificate of Good Standing from DE, evidencing the good standing of the new name.
- Check payable to "Division of Corporations" for \$25.00. # 019879

Please contact me directly if you require additional information or have any questions about the documents submitted.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jason Deere'.

Jason Deere  
Compliance Administrator for Brightstar Financial Solutions, LLC  
jdeere@esecuritel.com  
678-207-4887

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Brightstar Financial Services, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jason Deere

Name of Person

eSecuritel, a Brightstar Company

Firm/Company

2325 Lakeview Pkwy, STE 700

Address

Alpharetta, GA 30009

City/State and Zip Code

esecuritel.licensing@brightstar.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Deere

Name of Person

at ( 678 ) 207-4887

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Brightstar Financial Services, LLC

Enter new principal office 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)

2325 Lakeview Pkwy, STE 700

attn: Licensing

Alpharetta, GA 30009

2. The Florida document number of this limited liability company is: M13000005360

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 08/12/2013

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Brightstar Financial Solutions, LLC  
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

FILED  
2015 NOV 24 PM 2:05  
STATE OF FLORIDA  
TALLAHASSEE

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

\_\_\_\_\_  
Signature of the authorized representative

\_\_\_\_\_  
Jeffrey P. Krisel  
Typed or printed name of signee

Filing Fee: \$25.00

2015 NOV 24 PM 2:05

FILED

# Delaware

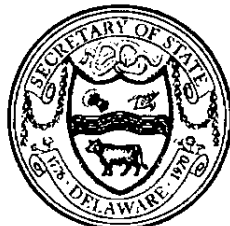
PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "BRIGHTSTAR FINANCIAL SERVICES, LLC", CHANGING ITS NAME FROM "BRIGHTSTAR FINANCIAL SERVICES, LLC" TO "BRIGHTSTAR FINANCIAL SOLUTIONS, LLC", FILED IN THIS OFFICE ON THE SEVENTEENTH DAY OF JUNE, A.D. 2014, AT 10:19 O'CLOCK A.M.

5144712 8100

140845156



You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1464611


DATE: 06-18-14

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: Brightstar Financial Services, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

#1 is amended to read: The name of the limited liability company is Brightstar Financial Solutions, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on  
the 16th day of June, A.D. 2014.

By:   
Authorized Person(s)

Name: Oscar Fumagali  
Print or Type


# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "BRIGHTSTAR FINANCIAL SOLUTIONS, LLC"  
IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN  
GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF  
THIS OFFICE SHOW, AS OF THE TENTH DAY OF NOVEMBER, A.D. 2015.



  
Jeffrey W. Bullock, Secretary of State

5144712 8300

SR# 20150854491

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 10398155

Date: 11-10-15