

M210000006560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

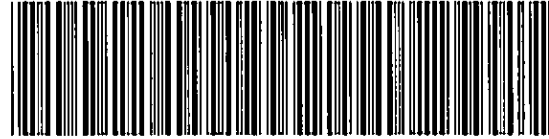
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600368287586

600368287586
06/16/21--01003--002 **25.00

2021 JUN 17 AM 8:53

FILED

2021 JUN 15 PM 3:28

RECEIVED

SECTION 110.02 STATE
TALLAHASSEE, FLORIDA

Albritton

JUN 18 2021

I ALBRITTON

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

PICK UP: 6/15 DANNY

CERTIFIED COPY

xx

PHOTOCOPY



CUS

xx

FILING

FOREIGN LLC Amend

1. **BRIGHTLITE HOMES 1 LLC**

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 16, 2021

CORPORATE ACCESS, INC.

SUBJECT: BRIGHTLITE HOMES 1 LLC
Ref. Number: M21000006560

Corrected

We have received your document for BRIGHTLITE HOMES 1 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The form you submitted is for a Florida Limited Liability Company, but your entity is a Foreign Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 021A00013527

2021 JUN 17 PM 12:12
TALLAHASSEE, FL 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brightlite Homes I LLC, a Nevada 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:

Christopher Graene
Name of Person

Brightlite Homes I LLC
Firm/Company

7741 N Military Trl, Ste 1
Address

West Palm Beach, FL 33410
City/State and Zip Code

Chris@Re-Build.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Colleen at (850) 855-2037
Name of Person Area Code & Daytime Telephone Number

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

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: Brightlite Homes I 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)

2. The Florida document number of this limited liability company is: M21000006560

3. Jurisdiction of its organization: Nevada

4. Date authorized to do business in Florida: 5/28/2021

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

5. New name of the limited liability company: _____

(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.

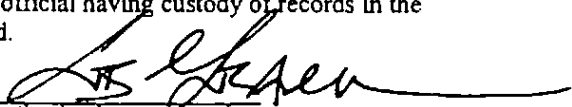
If Changing Registered Agent, Signature of New Registered Agent

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>
<u>MGR</u>	<u>MARINA GRAEVE</u>	<u>7741 N Military Trl, Ste 1</u>	<input checked="" type="checkbox"/> Add
		<u>West palm beach, FL 33410</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>J. STEVEN TRACY</u>	<u>7741 N Military Trl, Ste 1</u>	<input checked="" type="checkbox"/> Add
		<u>West Palm Beach, FL 33410</u>	<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

CHRISTOPHER GRAEVE
Typed or printed name of signee

Filing Fee: \$25.00