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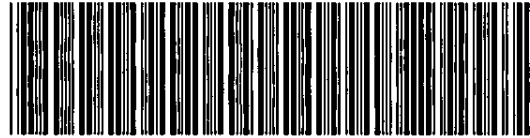
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BRILLIANT SOLUTIONS OF FLORIDA LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GALIT HAREL BECHOR

Name of Person

GALIT HAREL BECHOR PA

Firm/Company

4700 SHERIDAN STREET #1

Address

HOLLYWOOD, FL 33021

City/State and Zip Code

galit@harelbechorlaw.com

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

For further information concerning this matter, please call:

Galit Harel Bechor

Name of Person

at **954 8940373**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing 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)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

BRILLIANT SOLUTIONS OF FLORIDA LLC

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MGR = Manager
AMBR = Authorized Member

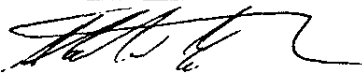
MGR krisztina keresztes 808 Valencia Ave ☒ Add
Daytona Beach, FL 32114 ☐ Remove

[illegible]

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

E. Effective date, if other than the date of filing: _____ **(optional)**
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 07/21/2014



Signature of a member or authorized representative of a member

ZOLTAN KOHARI

Typed or printed name of signer

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