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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 #I

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

,,954、8940373

Name of Person

Arca 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRILLIANT SOLUTIONS OF FLORIDA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	Company were filed on 06/11/2014	and assigned
Florida document number L14000093989	<u></u> .	,
This amendment is submitted to amend the following:		2814 SEP
A. If amending name, enter the new name of the lin	nited liability company here:	
		() do 1
The new name must be distinguishable and end with the words "L	imited Liability Company," the designation "LLC"	or the abbreviation "LTC."
Enter new principal offices address, if applicable:		The state of the s
(Principal office address MUST BE A STREET ADD	RESS)	27 89
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	d a
	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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	krisztina keresztes	808 Valencia Ave	= Add
		Daytona Beach, FL 32	2114 Remove
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ective date, if other than the date effective date must be specific, cannot be date this document is filed by the Florida ed 07/21/2014	prior to date of receipt or filed date and cannot be more than 90 days after	al) r	2814.0
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effective date must be specific, cannot be date this document is filed by the Florida of 207/21/2014	prior to date of receipt or filed date and cannot be more than 90 days after Department of State) atture of a member or authorized representative of a member	al)	- 43S

Page 3 of 3

Filing Fee: \$25.00