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COVER LETTER

TO:	Registration Sect Division of Corpe		
CYID III	StarBright D		
SUBJE	cr:	Name of Limited Liability Company	
The enc	losed Articles of A	mendment and fee(s) are submitted for filing.	
Please r	eturn all correspon	dence concerning this matter to the following:	
		Ruell Bankasingh	
		Name of Person	_
		Firm/Company	_
		2251 nw 48th here, #204	
		Address	_
		Lauderhill, Florida, 33313	
		City/State and Zip Code	_
		StarBrightDesigns1@Gmail.com E-mail address: (to be used for future annual report notification)	-
For furt	her information co	ncerning this matter, please call:	
Ruell E	lankasingh	at ()	
	Name of	Person Area Code Daytime Telephone Number	xer
Enclose	d is a check for the	e following amount:	
\$25	.00 Filing Fee	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	Filing Fee, cate of Status & ed Copy nal 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

StarBright Designs LLC.		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our record nited Liability Company)	<u>8.</u>)
The Articles of Organization for this Limited Liability Com	pany were filed on 12/8/2015	and assigned
Florida document number L15000204958		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	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 ADDRES	<u></u>	
		TI LI
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		2:5
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	SS
· · · · · · · · · · · · · · · · · · ·		lorida
	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 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>	Name	<u>Address</u>	Type of Action
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			□ Change
			Add
			□ Remove
			Change
			Add 岩 ゴ
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			□ Add □ Remove □ Change □ Add □ Add
			Add يرم Add يرم Add يرم كالم
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			Remove
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			Remove
			☐ Change

Please can I get a e-mail confirmation when it is done also or a phone call, thank.you	
	
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ective date, if other than the date of filing: (optional)	
effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not b	to 605.0207 (3)(b)
iment's effective date on the Department of State's records.	c fisted as the
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ϵ	earlier or:
he 90th day after the record is filed.	
01/10/2017	

Typed or printed name of signee

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Filing Fee: \$25.00