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| Special Instructions to | Filing Officer: | | | |
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| SUBJECT: | | alty Investments | | |
|----------------|---------------|---|---|---|
| SUBJECT. | | Name of Lim | ited Liability Company | |
| The enclosed | d Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | all correspo | ndence concerning this matter | to the following: | |
| | | Tamara Barbet | | |
| | | Brilliant Realty Investmen | Name of Person | |
| | | 2686 Regency Dr W | Firm/Company | |
| | | Tucker GA 30084 | Address | |
| | | tbarbet@realtypup.com | City/State and Zip Code | |
| For further is | iformation co | E-mail address: (oncerning this matter, please ca | to be used for future annual report noti all: | fication) |
| Tamara Barl | pet | | 678 270-7794 at () | |
| | Name of | Person | Area Code Daytim | e Telephone Number |
| Enclosed is a | check for th | e following amount: | | |
| □ \$25.00 F | iling 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) |
| | Malli | NC ADDDESS. | oth prevzava. | PD ANNUES |

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

TO ARTICLES OF ORGANIZATION OF

FILED

Brilliant Realty Investments

2018 OCT 15 AM 10: 36

| (<u>Name of the Lim</u> | ited Liability C (A Florida Lin | ompany as it now appears on our nited Liability Company) | regards AL MALLER SIME | |
|---|------------------------------------|---|---------------------------------------|--|
| | | | IALLAHASSEE, FL | |
| The Articles of Organization for this Limited | pany were filed on 5/31/16 | and assigned | | |
| Florida document number L16000105139 | | | | |
| This amendment is submitted to amend the fo | llowing: | | | |
| A. If amending name, enter the new name | of the limited | liability company here: | | |
| N/A | | | | |
| The new name must be distinguishable and contain the | words "Limited | Liability Company," the designation | on "LLC" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | | N/A | N/A | |
| (Principal office address MUST BE A STRE | ET ADDRES | <u></u> | | |
| | | | | |
| Enter new mailing address, if applicable: | | N/A | | |
| (Mailing address MAY BE A POST OFFICE | E BOX) | | | |
| | | | | |
| B. If amending the registered agent and registered agent and/or the new registered of | d/or registere office address | ed office address on our r s here: | records, enter the name of the | |
| Name of New Registered Agent: | N/A | | | |
| New Registered Office Address: | N/A | | | |
| | | Enter Florida stree | t address | |
| | N/A | | , Florida N/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 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

or removed from our records: MGR = Manager AMBR = Authorized Member **Title** Name **Address** Type of Action 2686 Regency Dr W Tucker GA 30084 Eric Mathieu **AMBR** _**■** Add □ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _ Change _□ Add ☐ Remove ☐ Change _□ Add

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| (lf an e <u>Note</u> | ective date, if other than the date of filing effective date is listed, the date must be specific and e: If the date inserted in this block does not mument's effective date on the Department of St | cannot be prior to date of filing or more than 90 days aft cet the applicable statutory filing requirements, the | t ional) er tiling.) Pursuant to 605.0207 (3 nis date will not be listed as th |
| If the re (b) Th | record specifies a delayed effective da he 90th day after the record is filed. | ate, but not an effective time, at 12:01 | a.m. on the earlier of: |
| Date | ed | 2018 | |
| | Signature of a m | dember or authorized representative of a member | |
| | Tamara Barbet | | |
| | | Typed or printed name of signee | |

Page 3 of 3

Filing Fee: \$25.00