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Certified Copies	_ Certificates	s of Status
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T. MATTHEWS MAR - 1 2022

COVER LETTER

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TO: Registration Section

Divis	ion of Cor	porations	•	
	Brilliant Cr	eative Fabrication, LLC		er e
SUBJECT: _		Name of Lim	ited Liability Company	
	Name of Person			
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return a	all correspo	ndence concerning this matter	to the following:	
		David R. Piper		
			Name of Person	
	Brilliant Creative Fabrication, LLC			
Firm/Company				
		613 Triumph Court, Unit 1	l .	
			Address	
		Orlando, FL 32805		
			City/State and Zip Code	
		-		
		E-mail address: (to be used for future annual report no	otification)
For further inf	formation co	oncerning this matter, please co	all:	
David R. Pipe	er			
	Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for th	e following amount:		
≘ \$25.00 Fi	ling Fee		Certified Copy	Certificate of Status & Certified Copy
Reg Divi P.O.	istration S sion of C Box 632	Section orporations 7	Registration S Division of Co The Centre of 2415 N. Monr	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 FEB 22 FH 3: 19

Brilliant Creative Fabrication, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L17000020101	were filed on January 25, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11021 Groveshire Court	
Principal office address MUST BE A STREET ADDRESS)	Ocoee, FL 34761	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	11021 Groveshire Court Ococe, FL 34761	
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, enter the	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	City: , Florid	laZip 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>	<u>Name</u>	Address	Type of Action
AMBR	Leo V. English III	13 Oregon Avenue	□ Add
		St. Cloud, Florida 34769	≅Remove
			□Change
<u></u>			□ Add
			Remove
			□Change
			Remove
			□Change
			□ Add
			□Remove
			□ Add
			Remove
			⊡Change
			□Add
			□Remove
			□ Change

		 		
				
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fective date, if other than the date must be date is listed, the date must be offer if the date inserted in this block becament's effective date on the Department.	ck does not meet the applica	o date of filing or more than ble statutory filing requ	(optional) n 90 days after filing.) Pursuant to irements, this date will not be	605.0207 listed as
ecord specifies a delayed effective is filed.	date, but not an effective tin	ne, at 12:01 a.m. on the	earlier of: (b) The 90th day	after the
December 22.	2021			
-2/	78.)	-		
	ignature of a member or author	ized representative of a m	ember	_
David R. Piper				
——————————————————————————————————————	7	I name of signee		_

Filing Fee: \$25.00