17000101979

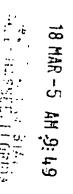
(Reque	estor's Name)	·
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PICK-UP	WAIT	MAIL MAIL
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Certified Copies	Certificates o	of Status
Special Instructions to Fili	ng Officer:	

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COVER LETTER

Registration Section

TO:

Div	ision of Corp	orations		
	Bourne Brill	iant LLC		
SUBJECT:		Name of Limited Liability Company		
		Amendment and fee(s) are submodence concerning this matter to		
		Syrheda Reed-Leo		
			Name of Person	
		Bourne Brilliant LLC		
			Firm/Company	
		5032 Capital Cir SW, Ste 2	2 PMB #2	
			Address	
		Tallahassee, FL 32305		
			City/State and Zip Code	
		bournebrilliant@gmail.com	to be used for future annual report notification)	
For further	information c	e-man address. (to oncerning this matter, please ca		
Syrheda Re			850 391.8541	
	Name o	f Person	Area Code Daytime Telephone Number	
Enclosed is	a check for the	ne following amount:		
\$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) — Certified Copy (additional copy is enclosed)	
	Regist Division P.O. B	AING ADDRESS: ration Section on of Corporations lox 6327 assee, 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

Bourne Brilliant LLC		
(Name of the Limited Liability Compa (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 <u>L17000101979</u> .	were filed on May 10, 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 a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5032 Capital Cir SW, Ste 2 PMB #2	
(Principal office address MUST BE A STREET ADDRESS)	Tallahassee, FL 32305	
		· ,
Enter new mailing address, if applicable:	5032 Capital Cir SW, Ste 2 PMB #2	1
(Mailing address MAY BE A POST OFFICE BOX)	Tallahassee, FL 32305	
B. If amending the registered agent and/or registered of	ffice address on our records, enter	the name of the new
registered agent and/or the new registered office address her	<u>e</u> :	ST ST
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
	Florida	
	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>itle</u>	Name	Address	Type of Actio
AMBR. N	Syrheda Reed-Leo	5032 Capital Cir SW, Ste 2 PMB #.	Add
		Tallahassee, Fl. 32305	Remove
			: Change
MBR	Julian J. Leo	5032 Capital Cir SW, Ste 2 PMB #:	Add
		Tallanassee, FL 32303	Remove
			Change
MGR	Lyrica A. Leo	5032 Capital Cir SW, Ste 2 PMB #.	
		Tallahassee, FL 32305	Remove
			Change
MGR	Zaira K. Leo	5032 Capital Cir SW, Ste 2 PMB #.	Add
		Tallahassee, FL 32305	☐ Remove
			Change
MGR	Nadira N. Leo	5032 Capital Cir SW, Ste 2 PMB #:	Add
		Tallahassee, FL 32305	□ Remove
			Change
MGR	Nadira N. Leo	5032 Capital Cir SW, Ste 2 PMB #:	Add
		Tallahassee, FL 32305	□ Remove
			Change

	ion, enter change(s) here: (Attach additio	•
		ν
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		- I
		9. C
ffective date, if other than the	date of filing:	(optional)
and the second s	at be specific and cannot be prior to date of filing or not dock does not meet the applicable statutory filing.	(optional) more than 90 days after filing.) Pursuant to 605.020 ng requirements, this date will not be listed a
e record specifies a delaye The 90th day after the rec	d effective date, but not an effective ord is filed.	time, at 12:01 a.m. on the earlier of
March 2	2018	
Lyle	J. Lead - 200 Signature of a member or authorized representative	ve of a member
Sushad- Daad Laa	-	
Syrheda Reed-Leo	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00