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COVER LETTER

TO:

Registration Section Division of Corporations

JM HOME BRILLIANCE LLC SUBJECT: 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: MARINA PENUELA Name of Person JM HOME BRILLIANCE LLC Firm/Company 4273 EASTWOOD DRIVE Address SARASOTA, FL 34232 City/State and Zip Code marinajazlyn@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 228-4940 MARINA PENUELA Name of Person Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (<u>Name of the Limited Liability Compan</u> (A Florida Limited Li | v as it now appear | s on our records.) | |
|---|--------------------|-----------------------------|--|
| (A Finita Diffice Di | aomiy Company i | | |
| The Articles of Organization for this Limited Liability Company v | vere filed on | 02/17/2018 | and assigned |
| Florida document number L18000048344 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabil | ity company he | <u>re</u> : | |
| The new name must be distinguishable and contain the words "Limited Liabilit | y Company," the de | esignation "ELC" or the abb | reviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | 2020 |
| Principal office address MUST BE A STREET ADDRESS) | | <u> </u> | |
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| | | ري رين رين | _ 579 |
| Enter new mailing address, if applicable: | | SET. | R [1] |
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| (Mailing address MAY BE A POST OFFICE BOX) | | · r | |
| B. If amending the registered agent and/or registered office acagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | | ecords, enter the name | of the new register |
| | Enter Flor | ada sirvet adaress | |
| | y time | , Florida | Zip Code |
| | City | | zφ Coae |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p | performance of | my duties, and I am fe | ee to comply with t imiliar with and if this document is |

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 |
|--------------|--------------------------|---|----------------|
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| ie record spec ord is filed. | cifies a delayed effec | tive date, but no | ot an effective | time, at 12: | 01 a.m. on the | earlier of: (b) | The ' | 90th day | atter the |
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| _ | | Signature of a | a member or at | itborized repro | sentative of a me | mber | | | _ |

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Filing Fee: \$25.00