## L18000048344

(Re	equestor's Name)	
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(Bu	isiness Entity Name	)
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2024 SEP 20 AM 8: 23

## **COVER LETTER**

Division of	Corporations		
JM HC	OME BRILLIANCE LLC		
	Name of Lit	nited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sul	omitted for filing.	
Please return all corr	espondence concerning this matter	to the following:	
	MARINA PENUELA		
		Name of Person	
	JM HOME BRILLIANCE	ELLC	
		Firm/Company	<del></del>
	6607 Meandering Way		
		Address	<del></del>
	Lakewood Ranch, FL 342	02	
		City/State and Zip Code	
	JYMSRQ@GMAIL.COM	to be used for future annual report note	(footion)
For further information	on concerning this matter, please c		nearony
MARINA PENUELA	Α	941 228-4940	
Nan	ne of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing 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)
Mailing Add		Street Address:	
Registration Section Division of Corporations		Registration Sec Division of Corp	
P.O. Roy 6327		The Courtes of City	-11-1

P.O. Box 6327 Tallahassee, FL 32314

TO: Registration Section

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F/LED 2024 SEP 20 AM 8: 23

JM HOME BRILLIANCE LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 04/29/2024 \_ and assigned Florida document number [LE8000048344 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida \_ City 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	GOMEZ GONZALEZ, ALFREDO	6607 Meandering Way	
		Lakewood Ranch, FL 34202	
			□Change
			□Add
			□Remove
		□Change	
			🖸 Add
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			□ Change
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			□Remove
		□Change	
			□Remove
			□ Changa

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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-	SEP 20 E
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_	8: 23
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_	
(If an elfo <u>Note:</u>	we date, if other than the date of filing:
record is the	
Dated _	09/07/2024 
	Signature of a member or authorized representative of a member
	MARINA PENUELA
	Typed or printed name of signee

. . . . .

Filing Fee: \$25.00