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COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: BWE	Name of Limit	T WORLD EDUCATION ted Liability Company	ENTERPRISES, LLC
The enclosed Articles of a	Amendment and feets) are sub-	muted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
	YU D	ING Name of Person	
	BRIGHT WOOLD	FOUCHTON ENTEPRISES	SLL(
	3875 D.	Address	
	OVIERO	FZ 32766 City/State and Zip Code	<u> </u>
	BWEE GLOS	M. e. Gnntcom to be used for future annual report nout	ication)
For further information co	oncerning this matter, please c	all:	
Danrel Lew.	Person	at (<u>386</u>) <u>237 –</u> Area Code Daytime	5408 e Telephone Number
Enclosed is a check for th	e following amount.		
S25.00 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
Registri Divisio P.O. Be	NG ADDRESS: ition Section it of Corporations ix 6327 ssec, FL 32314	STREET/COURI Registration Section Division of Corpor Clinon Building 2001 Executive Ce	on abons

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRIGHT WOLLD EDUCAT	iability Company as it now appears on our records.) Iorida Limited Liability Company)
(Name of the Limited L.) (A F	lorida Limited Liability Company)
The Articles of Organization for this Limited Liabil	ity Company were filed on MAT 9, 2019 and
Florida document number L19000 125953	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following	18:
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 "LEC" or the abbreviation
Enter new principal offices address, if applicable	::
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	Ŋ ————————————————————————————————————
D. If we have the second confirm	and the man
registered agent and/or the new registered office	registered office address on our records, enter the nan
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	Enter Florida street address
	, Florida
-	City Zip Co

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 conprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar vaccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this do being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liab company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered As

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	<u>Ty</u> 1
MGR_	ARLEY AULA	13118 Fairway Island Dr.	
		Orlando, FZ 32837	
			R
			C
			A
			C
			O A
			Rc
			C1

, <u> </u>
E. Effective date, if other than the date of filing: AUGUST 4, 2019 (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the (b). The 90th day after the record is filed.
Dated Auhust 1 2019 Signature of a member or authorized representative of a member
Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00