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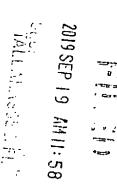
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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	Brillant N Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	idence concerning this matter t	o the following:	
	MARIK	Name of Person	P.42
		Entruont LC Firm/Company	
	1430 5. D.	the Hway Sun	~ 105#220
	Cord G	ables Te 33	146
	Waney E-mail address: (1	o be used for injure annual report notific	mail. (on ation)
For further information co	ncerning this matter, please ca	H:	
MAMA EL Name of	eno opez Person	at (307) 77-5 Area Code Daytime 1	7-158 Telephone Number
Enclosed is a check for the	<del>-</del>		
\$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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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

(Name of the Limited Lia	+ Mon	t Lic	r records )		
The Articles of Organization for this Limited Liability Florida document number <u>L19001940</u> This amendment is submitted to amend the following		vere filed on <u>Jul</u>	y 30, 20	2009 SEP 19	gned
A. If amending name, enter the new name of the l	<u>imited liabili</u>	ty company here:		WHII: 5	e salt
The new name must be distinguishable and contain the words "	Limited Liabilit	Company," the designati	on "E.L.C" or the a	abbreviation 42.L	.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD	DRESS)	GOTAL G	ables	FC 3314	<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	:	1430 5 Die Gurte 10 Corpl 60	the High	hwa 220 Fl 33	146
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ce address on our	records, <u>ente</u>	r the name o	of the new
Name of New Registered Agent:					
New Registered Office Address:	430 6.	PILLE HIGH C Enter Florida stre Gables City	uay Sul ei address	te 105 :	#220
	Corpl	Gables	Florida _	Zip Code	<u></u>

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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jose J Anton Jr	1430 S. Dikis Highway	<b>X</b> Add
		Oursi Gables FC 33146	☐ Remove
			Change
			Add
			□ Remove
			☐ Change
-			Add
			Remove
			Change
			□ Remove
			Change
		<del></del>	🖸 Add
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			Add
			Remove
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	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
+	
T-1	
· <del></del> -	
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(If an effective Note: If the	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: otherwise the record is filed.
Dated	September 6
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00