L19000263516

(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

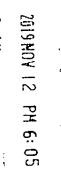
Office Use Only



600336801866

11/12/19--01035--014 **25.00

S TALLEN'
DEC 1 0 2010



Anad

COVER LETTER

Division of Cor			
suвлест: <u>Врі</u> /	liant Minds Name of Lin	Social Services of ted Liability Company	LLC
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	idence concerning this matter	to the following:	
	Roci	o Sanchez	
		Name of Person	
		Firm/Company	
	5824 SW	144th eincle P	<u>L, </u>
	miam	FL. 33183	
	Roco LARO	SA 2706mil-com	iculian)
For further information co	incerning this matter, please ca		(Cuttori)
Rocio San	cher Person	at (<u>786</u>) <u>486</u> Area Code Daytime	-8453 Telephone Number
Inclosed is a check for the			
\$25.00 Filing Fee	•	S55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Ft. 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

Brilliant Mind		Services	<u> Cic</u>		
(A Florid	lity Company as it now la Limited Liability Com	appears on our recor pany)	<u>'ds.</u> }		
The Articles of Organization for this Limited Liability C	Company were filed	on 10/21/	2019	and assign	ned
Florida document number <u>L 19 000 26 35 1</u>	<u>6</u> .				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability compa	unv here:			
The new name must be distinguishable and contain the words "Lir	nited Liability Company.	" the designation "LL	t" or the abbrex	iation "L.L.C	
Enter new principal offices address, if applicable:			· · · · · · · · · · · · · · · · · · ·		
(Principal office address MUST BE A STREET ADD	RESS)			<u> </u>	
				AUN 610	
				401	4 5
Enter new mailing address, if applicable:				. 12	22.5
(Mailing address MAY BE A POST OFFICE BOX)				_0_	1
		·		<u>့ ကို</u>	
			L.:	05	
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		ess on our recor	ds, <u>enter the</u>	name of	the ne
Name of New Registered Agent:	<u></u>				
New Registered Office Address:					
	En	ier Florida street addr	ess		
		F	lorida		
	Cuy	-	,	Lip 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>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Rocio Sandrez	5829 SW 144 Circle PL	🗖 Add
		5829 SW 144th Circle PL MAMI, 12. 33183	□ Remove
			☐ Change
			□ Remove
			Change
			Remove
			Change
			🗆 Add
			□ Remove
			Change
			☐ Remove
			Change
			🗆 Add
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
1/A
E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated November as 2019.
Signature of a mumber or authorized representative of a member
Rocio Sanchez Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00