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TO:	Registration S Division of Co		•	٠
eno na		faids, LLC		
SUBJEC	,, I∷ <u> </u>	Name of Lin	aited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all corresp	ondence concerning this matter	to the following:	
		Ricardo L. Carmona		
			Name of Person	
		The Carmona Law Firm, I	P.A.	
			Firm/Company	
		465 S. Orlando Ave, Ste 2	04	
			Address	
		Maitland, Florida 32751		
		rick@carmonalawfirm.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For furth	er information (concerning this matter, please c	all:	
Ricardo	Carmona, Esq.		407 478-5970	
	Name 6	of Person	at () Area Code Daytim	e Telephone Number
Enclosed	Lis a check for t	he 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 Addre		Street Address: Registration Sec	ction
	Division of C		Division of Cor	
	P.O. Box 632	27	The Centre of T	allahassee

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brilliant Maids, LLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records. imited Liability Company))
The Articles of Organization for this Limited Liability Con Florida document number 1.19000273500	npany were filed on 11/1/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
Brilliant Maid, LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" (or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILED PH 2
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter th</u>	المتواسم
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	vmer v ariau sireet adaress	
	, Flor	
	City	Zip 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
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