# Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : I20140000083

: (407)932-0040

Phone Fax Number

: (407)520-5473

annual report mailings. Enter only one email address please.\*\*

Email	Address:	 

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE BRILLIANT PANINI, LLC

Certificate of Status	0
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Corporate Filing Menu

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## **COVER LETTER**

TO:	Registration Sec Division of Corp		, te	
<b>.</b>		THE BRILLI	ANT PANINI, LLC	· · · · · · · · · · · · · · · · · · ·
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		C	CASANDRA MARASCO	
			Name of Person	<u> </u>
				. '
			Firm/Company	
		•	3205 WAUSEON DR	,
			Address	
			SAINT CLOUD, FL 34772	
			City/State and Zip Code	
,		E-mail address: (	to be used for future annual repor	rt notification)
For fu	rther information co	oncerning this matter, please c	all:	
	CASANDRA	MARASCO	407	922-0157
	Name of	f Person	Area Code D	aytime Telephone Number
Enclos	sed is a check for th	e following amount:		
<b>≡</b> \$2	25.00 Filing Fee	S30.00 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 Address Registration S		Street Addre Registration	
	Division of Co P.O. Box 632			Corporations of Tallahassee
	Tallahassee, F			onroe Street, Suite 810

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

form Hi conservation

THE BRILLIAN		15 PH 2: 45
	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan		
Florida document numberL20000025893	wae med on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
The state of the s		
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new regis
Name of New Registered Agent:		<del></del>
Name of New Registered Agent:  New Registered Office Address:		
	Enter Florida street address	
		a Zip Code

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 123 JUL - 5 PM 2: 45	Type of Action
MGR	CASANDRA MARASCO	3205 WAUSEON DR	MAdd
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fective date, if on the effective date is listed. If the date instrument's effective	POLICO UL DILO DIOC	vy arres lift i	meet me abr	uicanie sta	f filing or mor tutory filing	e than 94 requires	(optio) days after the ments, this	<b>nal)</b> filing.) Pursua date will no	ant to 605.020 ot be listed a
ecord specifies a dis filed.	lelayed effective	date, but not	an effective	e time, at I	2:01 a.m. on	the ear	lier of: (b)	The 90th	day after the
ted			, 2020	<u> </u>					
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