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1/14/21

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	Brilliance Counse	ling and Mental Health, LLC			
	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		Yahumara D. Tamayo			
		Name of Person			
	Brilliance G	Counseling and Mental Health, LL	C		
	·-	Firm-Company			
	6745	6745 Miami Lakes Dr. APT 231			
		Address			
		Miami Lakes, FL 33014			
	City/State and Zip Code				
		humara,tamayo@gmail.com			
	E-mail address: (to be used for future annual report no	tification)		
For further information of	concerning this matter, please c	all:			
Yahuma	ıra D. Tamayo	305	619-4944		
Name o	of Person	at () Area Code Daytii	ne Telephone Number		
Enclosed is 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 Address Registration 1		Street Address: Registration Se	ection		
Division of C		Registration Section Division of Corporations			
P.O. Box 632		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brilliance Counseling and Mental Heal		
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.) pany)	
The Articles of Organization for this Limited Liability Company were filed of Clorida document number	on03/19/2020	and assigned
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liability compa	n <u>y here</u> :	
he new name must be distinguishable and contain the words "Limited Liability Company."	"the designation "LLC" or the al	obreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	 	20
		. E
inter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		·
-	-	
3. If amending the registered agent and/or registered office address on ogent and/or the new registered office address here:	our records, <u>enter the nam</u>	ie of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
Ente	er Florida street address	
	Florida	
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
MGR	Yahumara D. Tamayo	6745 Miami Lakes Dr. Apt 231	□Add
		Miami Lakes, FL 33014	□Remove
			□ Add
			CRemove
			200 DE 02-4
			Cochange
			□Add
			ERemove
			□Change
			□ Add
			□Remove
			□Remove

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lf an effectiv <u>Note:</u> If th	date, if other than we date is listed, the dat he date inserted in the 's effective date on t	e must be specifi tis block does	ic and cannot be not meet the ap	pplicable statutory	(optional) safter tiling.) Purs s, this date will	suant to 605,0207 not be listed as
e record sp rd is filed.	ecifies a delayed eff	ective date, bu	t not an effecti	ve time, at 12:01 a	i.m. on the earlier o	of: (b) The 90t	h day after the
Dated	November 2	30 		20			
		Signature	oya menjber or	authorized represent	ative of a member		
			////				

Filing Fee: \$25.00