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T. MATTHEWS NOV 2 2 2021

COVER LETTER

TO: Registration Se Division of Corp			
SUBJECT: <u>Bri</u>	ght Future Name of Limi	PPFC LLC	
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Jovie	Name of Person	<u>-</u>
	Bright	Future PPE Firm/Company	EC
	<u>1731</u> Su	74 Avenue 1	ed
	Miami	F1. 33155	
	Bright Futu JiE-mail address: (1	F1. 33155 City/State and Zip Code Ire PPEC @ yahoo to be used for future annual report notice	O.Com fication)
For further information co	oncerning this matter, please ca		
Junis Name of	Gonzalez	at (<u>786</u>) <u>513</u> - Area Code Daytime	- 4563_ c Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bright Futu	REPER 21/12/12 PH 3:02
(Name of the Limited Liability Comp.	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 20000160763</u> .	were filed on June 11, 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ility Company," the designation "L.L.C." 13415 Memorial HWY Miami FL. 33161
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registeres</u>
Name of New Registered Agent:	
New Registered Office Address:/	3415 Memorial 17WY Enter Florida street address
M	Florida 3316 1 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 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

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Note:	ve date, if other than the date of filing: November 9th 2021 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
he record ord is fil	d 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 ed.
Dated	November 9th 2021
	$\left(\begin{array}{ccc} \cdot & 1 & \cdots & 1 \\ & & & \end{array} \right)$
	Tsignature of aftember or authorized representative of a member
	Toviel Gonzalez Typed or printed name of signee

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