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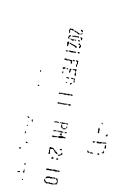
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Brilliant Bus	iness LLC	
5003261.	Name of Lim	ited Liability Company	
The contract better as	S S		
	Amendment and fee(s) are sub	_	
riease return all corresp	ondence concerning this matter	to the following:	
	K	Cavon S Ferrell	
		Name of Person	
	b	rillmant Business,	lle
		Firm/Company	
	477	6 Na Bari Unit	6108
		Address	
	Laxe 1	Jorth FL, 3340 City/State and Zip Code	23
		City/State and Zip Code	
		fize gmail. Com to be used for future annual report notifi	
For further information of	concerning this matter, please co	-	
•) Ferrell	••••	
		at (<u>813</u>) <u>330 -</u> Area Code Daytime	(e790
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	_	□ 555 00 t ^o ll t t	₩ 640.00 mm m
□ 325.00 rung ree	☐ \$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		Registration Section	
Division of C P.O. Box 631	-	Division of Corp The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brilliant Busin		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number \(\bullet \frac{1000}{24503} \)	were filed on OllII Zozi	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	hity Company," the designation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable:	9902 Carlsdule D	
(Principal office address MUST BE A STREET ADDRESS)	Greenew FL, 335	28
Enter new mailing address, if applicable:	9902 Carlsdale Dr Rivernew FL, 335	
(Mailing address MAY BE A POST OFFICE BOX)	Rivernew FL, 335	18 ==
B. If amending the registered agent and/or registered office :	address on our records, enter the nan	e of the new registered
agent and/or the new registered office address here:	and est to the feet dist	To Control of the Con
Name of Nam Davistand Assets		2 A 2 C
Name of New Registered Agent:		. 0
New Registered Office Address:	Enter 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 agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p heing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am provided for in Chapter 605, F.S. Or,	familiar with and if this document is
If Char	iging Registered Agent, Signature of New Re	gistered 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
			🗆 Add
			□Remove
		 	☐Change
			□Add
			□Remove
			Change
v===::-			DAdd
			□Remove
		·	Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
(If an effec <u>Note:</u> If	the date, if other than the date of filing: (optional) (ive 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 (3)(the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the it's effective date on the Department of State's records.
record is filed	
Dated	February 4th 2021.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00