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(Address)	
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COVER LETTER

TO:	Registration Se Division of Co			
CHID IV		IELD BRIGHTSON LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	locad Articles of	Amendment and fee(s) are sub	mitted for filing	
		ondence concerning this matter	•	
i lease i	eturi ari correspe	ondence concerning this matter	to the following.	
		GARFIELD MORRIS		
			Name of Person	
		SPRING FIELD BRIGHT	SON LLC	
			Firm/Company	
		6380 SW 33 ST		
			Address	
		MIRAMAR, FL 33023		
		garfieldmorris19@gmail.co	City/State and Zip Code	
			to be used for future annual report notification)	
For furth	her information c	concerning this matter, please c	all:	<i>≈</i> ∅
EDWA	RD HAWKINS		786 493-7749	
	Name o	of Person	al () Area Code Daytime Telephone N	25 1-
Enclose	d is a check for t	he following amount:		. ED
□ \$25	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Feed rtificate of Status & rtified Copy ditional copy is enclosed)
	Mailing Address Registration : Division of C P.O. Box 632	Section Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPRING FIELD BRIGHTSON LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 06/21/2021 _____ and assigned Florida document number L21000287073 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

, Florida

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

Title	Name	Address	Type of Action
AMBR	GARFIELD MORRIS	_	□Add
			□Remove
AMBR	MELITA MORRIS		
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ted JUNE 25	2021				
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