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22 SEP 20 PM 2: OF

COVER LETTER

TO: Registration Division of C		•		
	parks, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for tiling.		
	spondence concerning this matter	<u>-</u>		
	Justin Sparks			
		Name of Person		
	Justin Sparks			
		Firm/Company		
	2555 NE 193rd St Unit 22	17		
		Address		
	Miami, FL 33180			
		City/State and Zip Code		22
	brilliancegroupinvestments	@gmail.com to be used for future annual report notific		22 SEP
For further informatio	n concerning this matter, please c	·	ation)	22 SEP 20 PH 2: 05
Justin Sparks		404 807-6909 at()		PE S
Nam	e of Person	Area Code Daytime	Telephone Number	2: 05
Enclosed is a check fo	r the 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 Sta Certified Copy (additional copy is e	itus &
<u>Mailing Add</u> Registratio		Street Address: Registration Sect	ion	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Justin Sparks, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	oany were filed on 08/03/2021	and assigned
Florida document number L21000349776		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Brilliance Group, LLC		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		22 =
		3S 3S
Enter new mailing address, if applicable:		70 F.H. 72 S.H.
(Mailing address MAY BE A POST OFFICE BOX)		9
		3
		2 25
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter th</u>	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
		 	□Add
			Remove
			□Change
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ective date, if other than the date effective date is fisted, the date must be: If the date inserted in this blockument's effective date on the Department.	e specific and cannot be prior to date of filing k does not meet the applicable statutory	(optional) or more than 90 days after filing.) Pursuant to 605, filing requirements, this date will not be liste	020 d a
cord specifies a delayed effective s filed.	late, but not an effective time, at 12:01 a	im, on the earlier of: (b) The 90th day after	the
ed September 15th	. 2022		
	SIA		
- fonto	gnature of a member or authorized represent	ative of a member	
3	5		

Filing Fee: \$25.00