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	Registration Se Division of Cor							
SUBJEC		Brilliant Expression Speech and Language Studios, LLC						
OUBJEC.								
		Amendment and fee(s) are sub ndence concerning this matter	_					
		Melanic Nagel						
			Name of Person					
		Brilliant Expression Speec	h and Language Studios, LLC					
	7901 4th Street N Suite 300							
			Address					
		St. Petersburg, FL 33702						
		brilliantexpressionstudios@	City/State and Zip Code					
		cation)						
For furth	er information co	oncerning this matter, please ca	all:		: 2			
Melanie	Nagel		727 505-0426 at ()		TAGE TOTAL SS 120	· 17=		
	Name of	f Person		Telephone Number	SEP 24	r - ye. -m li		
Enclosed	is a check for th	ne following amount:			11 TO THE			
■ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Cop (additional copy	Status &			
	Mailing Addres	<u>s:</u>	Street Address:					

Registration Section Division of Corporations

TO:

P.O. Box 6327 Tallahassee, FL 32314 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

Brilliant Expression Speech and Language Studios, 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 09/08/2021	and ass	igned	
Florida document number L21000398055			
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 ab	obreviation "L.	1 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 namagent and/or the new registered office address here:	ie of the nev	v regis	erec
		202	
Name of New Registered Agent:		<u> </u>	<u>·</u> ·
New Registered Office Address:		<u>~</u>	; w
Enter Florida street address	1 T N		77,537
, Florida,	Zip Code	. فئ	
New Registered Agent's Signature, if changing Registered Agent:	(*************************************	2	

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	May Derry	7901 4th Street N Suite 300	= Add
		St. Petersburg, FL 33702	□Remove
			☐ Change
			□ Add
			□Remove
			Change
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Typed or printed name of signee