SEP

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRIGH WORLD, LLC

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C. BRUMBLEY

OCT - 3 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRIGH WORLD, LLC	•	•		
(Name of the Limited	d Liability Comp A Florida Limited	nany as it now appears on o Liability Company)	ur records.)	
The Articles of Organization for this Limited Lia	bility Compan	y were filed on <u>08/09/20</u>)22	and assigned
Florida document number L22000348259	····································			•
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited lia	bility company here:		
N/A				/
The new name must be distinguishable and contain the wor	ds "Limited Liab	ility Company," the designa	tion "LLC" or the abbu	eviation "L.L.C."
Enter new principal offices address, if applicat	ole:	N/A		
(Principal office address MUST BE A STREET	ADDRESS)		<u> </u>	022 022
•				
Enter new mailing address, if applicable:		N/A	HASS	30
(Mailing address MAY BE A POST OFFICE BOX)	<u>2X)</u>		भ	
			775	<u> </u>
B. If amending the registered agent and/or reg agent and/or the new registered office address l	istered office <u>here</u> :	address on our record	s, enter the name (of the new registere
Name of New Registered Agent:	N/A			
New Registered Office Address:				
_,		Enter Florida stre	et address	
			, Florida	
·		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

Title	Name	Address	Type of Action
MGR	JULIAN SALAS	150 SE 2ND AVE STE 321	Add
, "		MIAMI, FL 33131	□Remove /
	•		□Change
·		-	☐Add
			□Remove
<i>;</i>			□Change
			□Remove
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N/A	
,	
tive date, if other than the date of filing:	(optional)
ctive date, if other than the date of filing: iffective date is listed, the date must be specific and cannot be prior to date. If the date inserted in this block does not meet the applicable s	of filing or more than 90 days after filing.) Pursuant to 605.0.
ment's effective date on the Department of State's records.	taldibly filling requirements, this date will not be instead
ord specifies a delayed effective date, but not an effective time, a	t 12:01 a.m. on the earlier of: (b). The 90th day after t
filed.	
September 24 2022.	
September 24 2022. ANDAD ANABILTA Signature of improper or authorized	D
ANDAR ARABITA	< V.

Typed or printed name of signee