## 122000466897

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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
. Bright Mino	is PPEC, LLC	1	
SUBJECT:			
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rosa A. Molina		
		Name of Person	
	Bright Minds PPEC, LLC		
		Firm/Company	
	3025 SE 17TH AVE		
		Address	
	HOMESTEAD, FL 33035		
	brightmindsppec.rs@gmail.c	City/State and Zip Code	
	• •	to be used for future annual report noti	fication)
For further information of	concerning this matter, please ca	all:	
Rosa A. Molina		786 337-5428	
	en e	at ()	e Telephone Number
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration Division of O	Section	<u>Street Address:</u> Registration Se Division of Co	
P.O. Box 632	=	The Centre of 7	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SOR ON MAIL. Bright Minds PPEC, LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Forta	Thinked Fillottey Company)	(O)
The Articles of Organization for this Limited Liability C Florida document number 1.22000466897	ompany were filed on October 31, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	d office address on our records, enter th	e name of the new regis
agent and/or the new registered office address here:	· ·	
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
		da
	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
AMBR	Sharo D Rosario Salcedo	13909 SW 279TH LANE	
			□Add
		HOMESTEAD, FL 33032	_
			=Remove
			□Change
		F	Ochange
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ective date, if other than the	date of filing:	to date of filing or more than 90	(optional) days after filing.) Pursuant to 605.02
e: If the date inserted in this bloument's effective date on the Do	ock does not meet the applica	able statutory filing requirem	nents, this date will not be listed
ument's effective date on the fx	partificit of state's records.		
cord specifies a delayed effective	e date, but not an effective til	me at 12:01 a.m. on the earl	ier of: (b) The 90th day after th
s filed.		,	ion (o) the sourced and arrest an
December 13	2023		
ed	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
7		`	
	Signature di Anember of autho	or ved representative of a member	24