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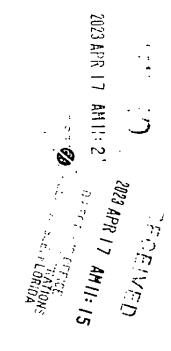
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COVER LETTER

SUBJECT: Bright Lights Browning Truking IL Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jethro Clairvoyant Name of Person
Bright lights Bearing muking ILC
70 Belvedere rd Address
West Palm Beach 92 33405 City/State and Zip Code
BIBTYLKINGIIL DMGII, NET E-mail address: (to be used for litture annual report notification)
For further information concerning this matter, please call:
Dawson Clair Voyant at (Sb1) 352-6276 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: Solution Soluti

TO:

Registration Section **Division of Corporations**

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

Bright Lights	Bearing trucking "EJAFR 17	AM !!: 2 '
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)	The second secon
The Articles of Organization for this Limited Liabili	ity Company were filed on $3 - 18 - 2023$	_ and assigned
Florida document number <u>[23001401</u>	<u>52</u> .	
This amendment is submitted to amend the followin	g:	
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 abbroader	rviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET AI	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	9	
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address on our records, <u>enter the name</u> re:	of the new registere
Name of New Registered Agent:		
New Registered Office Address:		. <u></u>
	Enter Florida street address	
_	, Florida	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 Changing Registered Agent, Signature of New Registered Agent

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
<u> </u>	Jethro Cicirvayant	710 Belvertere 11 wet Pam Bearn, a 3	<u>S~IŠ</u> ⊡Add
			<u> </u> [⊻Remove
Hup.	Dawson Mairwant	710 Belvedere rd west Palm Beach, FL 33	ovy Dyvyqq
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			□Remove
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(If an ef Note:	ive date, if other than the date of filing:
ne reco ord is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	April 17 . 2023.
	Signature of a member or authorized representative of a member
	C C C C C C C C C C C C C C C C C C C
	Typed or printed name of signee

Filing Fee: \$25.00