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To:

Division of Corporations

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From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

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 **BRIGHT CONCEPT (US) LLC**

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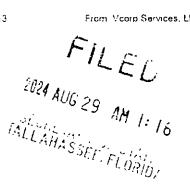
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K. SALY AUG 3 0 2024 Page 2 of 4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BRIGHT CONCEPT (US) LLC			
(Name of the Limited Liability Comp. (A Florida Limited	ans as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L23000294554			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ability company here: ability Company here: C/O Daniel Jaglom 240 Riverside Blvd , Apt 10D New York , NY 10069 C/O Daniel Jaglom 240 Riverside Blvd , Apt 10D New York , NY 10069 Cro Daniel Jaglom 240 Riverside Blvd , Apt 10D New York , NY 10069 Te address on our records, enter the name of the new registered Enter Florida street address		
The new name must be distinguishable and contain the words "Limited Liab:	dity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	C/O Daniel Jaglom		
(Principal office address MUST BE A STREET ADDRESS)	240 Riverside Blvd , Apt 10D		
	New York, NY 10069		
Enter new mailing address, if applicable:	C/O Daniel Jaglom		
(Mailing address MAY BE A POST OFFICE BOX)	240 Riverside Blvd , Apt 10D		
	New York, NY 10069		
agent and/or the new registered office address here:	address on our records, enter the name of the new registered		
Name of New Registered Agent:			
New Registered Office Address:	Europ Cincida strant address		
-	, Florida		
New Registered Agent's Signature, if changing Registered Agent:	•		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is		

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 Title. <u>Name</u> Address Type of Action _□Add ∐Remove ببر Pictoric □ Remove _____ Change _____ 📖 ____ 🗀 Add

					
					
					
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ective date, if other than the effective date, is listed, the date.	he date of filing:			(optiona	1)
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ument's effective date on the	Department of State's	records.	, , ,	•	
cord specifies a delayed effects tiled.	tive date, but not an ef	fective time, at 1	2:01 a.m. on the	carlier of: (b)	The 90th day after the
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