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COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co		•		•
Bright Beg	innings Consultant LLC			
30b)ECT.	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	Yuliet Morales			
		Name of Person		•
	Bright Beginnings Consult	tant LLC		
		Firm/Company		202 SE
	8130 NE 12 ave			2024 HAR 27 SECRETAR TALL AND
		Address		21 AR
	Miami, Fl 33138			PR PR PR
		City/State and Zip Code		. Was 5
	brightbeginningsconsultantl	·		一品
For further information c	n-man address: (oncerning this matter, please of	to be used for future annual report no all:	itilication)	
Yuliet Morales		305 733-5927		
Name o	f Person	at () Area Code Daytii	me Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Addres		Street Address:		
Registration S Division of C		Registration Se Division of Co		
P.O. Box 632		The Centre of		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bright Beginnings Consultant LLC		made)
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	Liability Company)	orus.
he Articles of Organization for this Limited Liability Company were filed on 03/07/2024 lorida document number L24000116153		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company " the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8130 NE 12 ave	
(Principal office address MUST BE A STREET ADDRESS)	Miami, Fl 33138	2024 SEC
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, en	HAR 27 PH 2: 14 RETARY OF STATE
agent and/or the new registered office address here:	_	-
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street aa	ldress
		, 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 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>	Name	Address	Type of Action
MGR	Yuliet Morales	8130 NE 12 Ave Miami, Fl 33138	= Add
			□Remove
			□Change
			SECRETARY SECRETARY
			ARY O STATE FILE Remove
			□Change
			□Add
			□Remove
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Iffective date, if other than to an effective date is listed, the date resource. If the date inserted in this document's effective date on the	nust be specific an block does not	nd cannot be prior meet the applic	to date of filing o able statutory fi	r more than 90 days	optional)	suant to	605.02 listed
record specifies a delayed effect d is filed.	tive date, but no	ot an effective ti	me, at 12:01 a.i	n, on the earlier o	f: (b) The 90	th day a	ifter the
March 19		2024	·				
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Filing Fee: \$25.00