## N1700005419

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: BEIGHT YOUNG MILLIONS CORLETION, 1
DOCUMENT NUMBER: <u>W1700005419</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
TRACY ZULVAGA (Name of Contact Person)
(Firm/ Company)
4208 IMPERIAL EAGLE DR
VARICO FC 33594  (City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TRACY ZULUAGA at 305-753-5755 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee \& \Certified Copy (Additional Copy is enclosed) \$\Bigcup \\$52.50 Filing Fee \& \Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## **Articles of Amendment**

to

## Articles of Incorporation

BRICHT YOU	$V = \begin{pmatrix} \mathbf{of} \\ \mathbf{O} \end{pmatrix} \begin{pmatrix} \mathbf{o} \\ \mathbf{o} \end{pmatrix}$	S COALITION /NO
(Name of Corporation as	currently filed with the Fi	orida Dept. of State)
N1700	0005419	}
(Document	Number of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not I	For Profit Corporation adopts the following
A. If amending name, enter the new name of the containe must be distinguishable and contain the word "contain the word" or "Co." may not be used in the name.	ITION WO	ine new
3. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADD</u>	RESS )	<del>ن</del>
		<u> </u>
		<del></del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	Ö	÷:
	<u></u>	<i>\display</i>
		<del></del>
2. If amending the registered agent and/or registered		a, enter the name of the
new registered agent and/or the new registered of	office address:	
Name of New Registered Agent:		
		(Florida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent. I		pt the obligations of the position.
	Signature of New Reg	istered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT Joh	n Doc				
X Remove	<u>V</u> <u>Mil</u>	Mike Jones				
X Add	<u>SV</u> <u>Sall</u>	ly Smith				
Type of Action (Check One)	<u>Title</u>	Name	Address			
1) Change	VP	JULI SHIVELY	7787 S OLD STATE K			
Add			LEWS CENTER OH 43035			
2) Change						
Add						
Remove			<del></del>			
3 ) Change	<del></del>					
Remove						
4) Change			* ************************************			
Add			<del></del>			
			<u> (* )</u>			
5) Change Add						
Remove						
6) Change						
Add						
Remove						

If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)	
	<u> </u>	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.  Effective date if applicable:  (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes east for the was/were sufficient for approval.	amendment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(adopted by the board of directors.	s) was/were
Dated 1172019	
Signature (By the chairman or vice chairman of the board, president or other office	- if discourse
have not been selected, by an incorporator – if in the hands of a receive other court appointed fiduciary by that fiduciary)	r, trustee, or
TRACY ZULUAGA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	