Division of Corporations **Electronic Filing Cover Sheet** 

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Note: DU		will generate another cover sheet.	this pa	ıge. ≘
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To:				1
	Division of Corpo	orations		_0
	Fax Number :	(850)617-6380		9
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	Account Name :	LAZARUS CORPORATE FILING SERVICE, INC.		
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\*\*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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## COR AMND/RESTATE/CORRECT OR O/D RESIGN BRIGHTER BLESSINGS CORP.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

## Articles of Amendment to Articles of lecorporation of

PRICHTED DI ECCIMON AGOD				
BRIGHTER BLESSINGS CORP.	<del> </del>			
(Name of Corporation as correctly ille	ed with the Florid	e Dept. of State		12.0
N18000008854				3
(Досител	Number of Corp	oration (if known)		·
Pursuant to the provisions of section 617,1006, amendment(s) to its Articles of Incorporation:	Florida Statutes,	this <i>Florida Not Fed</i>	r Profit Corporation s	iopts the followin
A. If amending name, enter the new name of	f the corporation	<u>.</u>		
N/A				er)
name must be distinguishable and comain the v "Company" or "Co." may not be used in the v	vord "corporation	" or "incorporused	" or the abbreviation	"Corp" or "Inc."
B. Ruter new principal office address, if app (Principal office address MUST BE A STREE	dicable:			
	,			
			•	
C. Enter new mailing address, if spoticable	_			
(Mailing address MAY BE A POST OFFI	<u>:</u> CE BOX)			
·				
	_		·	
D. If amending the resistered agent and/or r	egistered office a	ddress in Florida.	enter the name of the	
new registered arent and/or the new resi	stered office add	DESS:	LAND THE BUILD OF THE	
Nume of New Registered Agent:				
,	(Fin	a vio street address:	·	
New Registered Office Address:				
<del></del>			Florida	
	(Clty)			Zip Code)
New Registered Agent's Signature, if changing thereby accept the appointment as registered at	i <mark>g Registered Ar</mark> gent. ? am fomili	ent: ar with and accept t	ha obligations of the g	osition
******				
Sign	nature of New Reg	dstored Agent, if the	inging	

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 officeridirector title by the first letter of the office title:

P = President: V = Vice President: T = Treasurer: S = Secretary; D = Director; TR = Trustee; C = Chatrmar 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 fisted as the PST and Mika 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 Sully Smith. SV us an Add.

Example: X.Change X.Remove X.Add	Y Mil	n Doc se Jones • Smith	•
Type of Action (Check One)	Title	Name	Address
1)Change	VP	JOHN HERRERA	13010 MAR STREET
X Add			CORAL GABLES, FL 33156
Remove			
2)Change			
Add			
Remove			
3) Change		<u> </u>	
Remove			
4) Change			
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			
6)Change			
Add			
Ramove		•	

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ending or adding additional Art hadditional sheets, if necessary).	(Be specific)	
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The date of each amendment(s) as date this document was algued.	doption:	if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file dote)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were as was/were sufficient for approve	dopted by the members and the number of votes cast for the amendment(s)	
There are no members or mem- adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
Dated 09/16/20	019	
Signature Anic		
have not be	rman or vice chairman of the board, president or other officer-if directors on selected, by an incorporator - if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
ANIA A HER	RERA	
	(Typed or printed name of person signing)	
President		
	(Title of person signing)	