Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : RELIABLE CONSULTING SERVICES, LLC

Account Number : I20220000017 : (305)896-2248 Fax Number : (786)438-5832

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

COR AMND/RESTATE/CORRECT OR O/D RESIGN BRIGHT ABA STARS INC

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Electronic Filing Menu Corporate Filing Menu

Help



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Articles of Amendment to

	Articles of Incorporat	tion			
BRIGHT ABA STARS INC	W.				
(Name of Cor	oration as currently filed w	vith the Florida Dep	6 of State)		
P24000025100					
(1)	Document Number of Corpor	ation (if known)	 		
Pursuant to the provisions of section 607.1006, tits Articles of Incorporation:	Horida Statutes, this <i>Florida</i> .	Profit Corporation a	opts the folk	owing amendme	ent(s) to
A. If amending name, enter the new name of	the corporation:				
				The new	
name must be distinguishable and contain the wo "Inc.," or Co.," or the designation "Corp," "chartered," "professional association." or the B. Enter new principal office address, if appl (Principal office address MUST BE A STREE)	"Inc," or "Co". A profess abbreviation "P.A." icable:	, or incorporated sional corporation n	or the abbrev ame must co	viation "Corp., ontain the word	!
•					
				, co vo	
C. Enter new mailing address, if applicable:	To now.			PA SE ECRE TAL	-1
(Mailing address MAY BE A POST OFFIC	<u> </u>			- 1 2 2	
	-			一大刀 🗠	1
				SSS OF T	1
D. If amending the registered agent and/or renew registered agent and/or the new registered agent agent and/or the new registered agent agen	gistered office address in Fi ered office address:	lorida, enter the nar	ie of the	STATE	: `
Name of New Registered Agent				1.,	
				479	
	(Florida street addres	īs)			
New Registered Office Address:			Florida		
	(City)		C	Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	z Registered Agent: ent. I am familiar with and c	accept the obligation	of the position	on.	
	Signature of New Registered	Agent, if changing		·	
Check if applicable					
☐ The amendment(s) is/are being filed pursuant	to s. 607.0120 (11) (c), F.S.				

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If amending the Officers and/or Directors, enter the title and name of each officer/director b	l Ping removed and title name and
nddress of each Officer and/or Director being added:	and the mine; and

(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	John Doc	
-			
X Remove	<u>V</u>	Mike Jones	
\underline{X} Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	VP	INT: CRUZ	2500 NW 79TH ST #210
X Add			MIAMI, FL 33122
Remove			SEO
2) Change			- Fr
Add			HA:
Remove Change	***************************************		AHASSEE.
Add			7.
Remove			
4) Change			
Add			
Remove			
5) Change			-
Add			
Remove			
5) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:	H240K	10323055 3
(Attach additional sheets, if necessary). (Be specific)	ļ	
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		OF STATE
If an amendment provides for an exchange, reclassification, or cancellation of	issued shares,	
provisions for implementing the amendment if not contained in the amendment (if not applicable, indicate N/A)	nt itself:	•
(y not appreciate, material trial)	,	
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	00 (00 10 00)	H24000323055	53
The date of each amendment(s) as date this document was signed.	09/23/2024 doption:	, if other	
Effective date if applicable:			
	(no more than 90 days after	r amendment file date	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statute partment of State's records.	ory filing requirements, this date will not be listed	d as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
■ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of dir	ectors without shareholder action and shareholder	
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of	f votes east for the amendment(s)	
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting each voting group entitled to vote separa	groups. The following statement stely on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient	t for approval	
by			
selected	(voting group) 23 2024 Language of the control	SECRETARY OF STATE	••
_	(Typed or printed name of per-	son signing)	

(Title of person signing)