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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Marrial Designs LLC Name of Limited Liability Company						
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Merisa Monelal Name of Person						
Firm/Company						
945 42 rd St, AP+ 1						
West Palm Beach, FL. City/State and Zip Code						
branding creativ. (0 @ gmail. com E-mail address: (to be used for fillure annual report notification)						
For further information concerning this matter, please call:						
Merisa Monelal at (561) 503-1553 Name of Person Area Code Daytime Telephone Number						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)						

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marrial Design		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2200206905</u> .	were filed on 05 02 202	2 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:	
Branding Creativ. CO LLC The new name must be distinguishable and contain the words "Limited Liabil		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2029 okeechobe	ze Blvd
(Principal office address MUST BE A STREET ADDRESS)	Suite 1 # 1126 West Palm Boach, f	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2029 OKEECHOR	oee Blvd
	west Palm Beach	1, FL 33409
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the r	name of the new registered
Name of New Registered Agent:		HAY -2
New Registered Office Address:	Enter Florida street address	SSEE D
	, Florida	
	City	i⊤Zip Ud de

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

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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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•	
(If an ef Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	04 23 2024
	Merison Monela Signature of a member or authorized representative of a member
	Merisa Monelal Typed or printed name of signee

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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>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			□Change
			□ Add
			□Remove
			□Change
			□ Add
			🗀 Remove
		·····	□Change
			🗆 Add
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			Change
			□ Add
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			□Change