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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GEOFFREY M. WAYNE, P.A.

Account Number : 076770003401 Phone : (305)381-8108 Fax Number : (305)381-8109

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

Email Address: GN@ATTORNEYMIAMI.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRANDS MANAGEMENT LLC

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EXAMINER

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COVER LETTER

TO: Registration S Division of Co			
BRANDS SUBJECT:	MANAGEMENT LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	f Amendment and fee(s) are subt	nitted for filing.	
Please return all correspond	ondence concerning this matter t	to the following:	
	Alexis Idalia Marrero Kora	ntich, Esq.	
		Name of Person	
	Geoffrey M. Wayne, P.A.		
		Pirm/Company	
	135 San Lorenzo Ave., PH	840	
	<u></u>	Address	
	Coral Gables, FL 33146		STEVEN SELECTION OF THE
		City/State and Zip Code	
	gn@attomeymiami.com	to be used for future annual report notific	<u> </u>
For further information	concerning this matter, please of		EN 10 - 2
Alexis Idalia Marrero k	Coratich	305 381-8108 at ());. -
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filling Fee	□ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	LING ADDRESS: tration Section	STREET/COURIE Registration Section	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRANDS MANAGEMENT LLC		
(Name of the Limited Liat (A Flor	Hity Company as it now appears on our records. ida Limited Liability Company)	5
The Articles of Organization for this Limited Liability Florida document number L08000019657	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "I	imited Linbility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		201 NO
B. If amending the registered agent and/or re registered agent and/or the new registered office a		enter the name of the new
Name of New Registered Agent:		<u>ئے وہ</u>
New Registered Office Address:	Enter Florida street address	
	. Flo	rida
-	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

NextPointe-FAX

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
VP	ALESSANDRA A. GIL MARTINS	13658 KILTIE CT	Add
		DELRAY BEACH, FL 33448	Remove
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record specifies a delayed he 90th day after the reco		not an effectiv	re time, at 12:01	La.m. on t	he-earli	ier of:
ed November 12	2018	·				
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West no	Signature of a member of a	uthorized represents	d (1971)	UTIAN Y	<u>. 04</u>	a na

Page 3 of 3

Filing Fee: \$25.00