

L120000003555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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10/11/13--01006--004 **25.00

2013 OCT 11 AM 9:37

J. SAULSBERRY
SYNOPSIS

OCT 14 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INTELLIBRANDS, 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:

VELAZQUEZ, MANRIT

Name of Person

INTELLIBRANDS, LLC

Firm/Company

9905 NW 17TH STREET SUITE 108

Address

DORAL, FLORIDA 33172

City/State and Zip Code

MANRIT@INTELLIBRANDS.TV

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MANRIT VELAZQUEZ

Name of Person

at (**305**) **223-3711**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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)

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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

INTELLIBRANDS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/09/2012 and assigned
Florida document number L12000003555.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9905 NW 17TH STREET

SUITE 108

DORAL, FL 33172

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9905 NW 17TH STREET

SUITE 108

DORAL, FL 33172

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

9905 NW 17TH STREET SUITE 108

Enter Florida street address

DORAL

Florida 33172

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 608, 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

If amehding the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

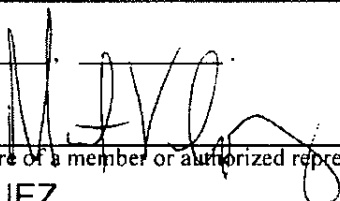
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	THE BRAND GROUP, LLC	2665 SOUTH BAYSHORE DRIVE, SUITE 703	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33133	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated

10-7-13



Signature of a member or authorized representative of a member

MANRIT VELAZQUEZ

Typed or printed name of signee

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Filing Fee: \$25.00

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