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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	FINAL WOND	ER LLC ited Liability Company	<u>. </u>
	mendment and fee(s) are sub	-	
Please return all correspond	dence concerning this matter	to the following:	
	GER	MAN K. PENA Name of Person	
		Name of Person	
		Firm/Company	
	11645 5	W 108 TERRACE Address	
		Address	
	MIAMI, F	City/State and Zip Code	
		equail. Com to be used for future annual report notific	
For further information cor	ncerning this matter, please ca	ail:	
GERMAN K. P.	eÑA	at (305) 498. Area Code Daytime 1	6340
Name of I	rerson	Area Code Dayume	elephone 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FINAL WOND	te LLC	are on our recorde			
(<u>Name of the Limited Liabil</u> (A Florid	a Limited Liability Company)			
The Articles of Organization for this Limited Liability (Florida document number <u>L13000109853</u>	Company were filed on _	08/05/20	013	and assigne	ed .
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability company l	<u>here</u> :			
BRANDED WORKS	i LLC				
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the	designation "LLC" or	the abbrev	iation "L.L.C."	17
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD	RESS)				
			я,	(2) (2)	
				可 (5) (5) (4)	
Enter new mailing address, if applicable:				6	
(Mailing address MAY BE A POST OFFICE BOX)					-
					
		_	· · ·	ris Di	. 5
B. If amending the registered agent and/or registered agent and/or the new registered office add		on our records, <u>e</u>	<u>nter the</u>	name of 1	<u>ine nev</u>
Name of New Registered Agent:					
New Registered Office Address:					
· 	Enter Fi	lorida street address			
		, Florid	la		
	City	, , , , , , , , , , , , , , , , , , , ,		Zip Code	
Nine Desistened Assetts Cionature if shonging Desistan	ad Amanti				

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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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reffectiv te: If t	he date inserted in this	must be specific and c s block does not me	annot be prior to et the applicable			onal) r filing.) Pursuant to 605, s date will not be liste
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	d appaifing a dalay	ved effective da	te, but not a	ın effective tim	ne, at 12:01 a	a.m. on the earlie
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he 90	th day after the r	record is filed.	ember or authoriz	ed representative of	a member	500 620 620 620 773 773 8

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Filing Fee: \$25.00