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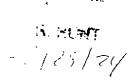
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COVER LETTER

	istration Sec sion of Corp				
SUBJECT:	SURF'S UP	DRY CLEANERS, LLC			
NOBILET.		Name of Lim	ited Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		DAVID A BRANDA			
			Name of Person		_
		SURF'S UP DRY CLEAN	ERS, LLC		
			Firm/Company		- ,
		935 BRIARWOOD DRIV	Е		
			Address		_
		WEST PALM BEACH, FI	L 33415		• • •
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		- ;;
		payroll@accountantsnow.co		***	
For further in	formation co	oncerning this matter, please co	to be used for future annual report not all:	mcauon)	
DAVID A BI	RANDA		561 806-4203		
	Name of	Person	at () Area Code Daytin	ne Telephone Numbe	r
Enclosed is a	check for the	e following amount:			
■ \$25.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahagga El 23214

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SURF'S UP DRY CLEANERS, 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 $\frac{01/10/2024}{2}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BRANDA INVESTMENT GROUP LLC The new name must be distinguishable and contain 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address

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 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
			□Remove
			□ Change
	•		□Add
			□Remove
			Change
		_	
			;□Remove
			□Change
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			□Remove
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<u></u>			□Add
			□Remove

		
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Mective date, if other than the d an effective date is listed, the date must b ote: If the date inserted in this blococument's effective date on the Dep	e specific and cannot be prior to date of filing or mo c does not meet the applicable statutory filing	(optional) re than 90 days after filing.) Pursuant to 605.020 requirements, this date will not be listed a
record specifies a delayed effective is filed.	ate, but not an effective time, at 12:01 a.m. or	n the earlier of: (b) The 90th day after the
ated 05/23	. 2024	
) gnature of a member or authorized representative o	

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