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(Re	equestor's Name)	
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COVER LETTER

Div	ision of Corp	porations		
SUBJECT:		BRANDS LLC		
		Name of Limi	ited Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		STEPHEN P. JOHNSON		
			Name of Person	
		THE JOHNSON LAW FIF	RM	
			Firm/Company	
		2134 HOLLYWOOD BLV	/D.	
			Address	
		HOLLYWOOD, FL 33020)	
			City/State and Zip Code	
		SJOHNSON@SPJ-LAW.C		
		E-mail address: (t	to be used for future annual report notific	cation)
For further in	nformation co	oncerning this matter, please ca	ill:	
STEPHEN	P. JOHNSON	Į.	954 923-4604	
	Name of	Person	at ()	Felephone Number
Englosed is	a chack for th	e following amount:		
		-	C acces with the same	5 460 00 5111 5
□ \$25.00 F	iling 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

TO:

Registration Section

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SNAQUIN BRANDS LLC		
(Name of the Limited Lie (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ty Company were filed on JANUARY 22, 2015	and assigned
Florida document number L15000013402	· ·	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
FORMER SB LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the	abbreviation LaC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	• • • • • • • • • • • • • • • • • • • •
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u></u>	
		1. <u>0.</u>
B. If amending the registered agent and/or registered agent and/or the new registered office:	<u> </u>	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
_	Cin	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

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

Title	<u>Name</u>	Address	Type of Action
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			□ Remove
			Add
			□ Remove
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ective date, if other than th effective date is listed, the date mu	e date of filing: ist be specific and cannot be p	prior to date of tiling	or more than 90 day:	optional) sufter filing.) Purs	uant to 605.02
e: If the date inserted in this bument's effective date on the I			filing requirement	s, this date will r	iot be listed
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record specifies a delaye he 90th day after the re		not an effecti	ve time, at 12:	ura.m. on ti	ne earner
DECEMBER 6	2017	·			
·- ·- ·-					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00