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(Re	questor's Name)	
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S. YOUNG

COVER LETTER

TO:	Registration Se Division of Cor			, 1	
رمر CIIIs II	Brand Stud	io, LLC			
SUBJI	sci:	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub	_		
		Jessica Gutheil			
			Name of Person		
		Brand Studio, LLC			
			Firm/Company		- ZE
		234 Antiquera Ave Apt 11	4		SECRETARY OF STATE A SECRETARY OF FLORIBA 16 AUG -9 PM 12: 08
			Address		SST
		Coral Gables,FL 33134			PR FT S
		jessicagutheil@gmail.com	City/State and Zip Code		12: 0 13. E
			to be used for future annual report noti	fication)	σ _'
For fur	ther information c	oncerning this matter, please c			
Jessica	Gutheil		954 245-9688 at ()		
	Name o	f Person		ne Telephone Number	
Enclos	ed is a check for the	ne following amount:			
= \$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing F Certificate of Certified Copy (additional copy i	Status & y

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

Brand Studio, LLC	
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number L160000097501	npany were filed on 01/14/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l liability company here:
Brand Portfolio, 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:	234 Antiquera Ave Apt 14, Coral Gables, FL 33134
(Principal office address MUST BE A STREET ADDRES	SS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	234 Antiquera Ave Apt 14, Coral Gables, FL 33134
B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	ed office address on our records, enter the name of th
	, Florida
	Cin: Zin Coda

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:

MGR = M AMBR = A	lanager Luthorized Member	n/ω	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Change
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D.	If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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		TALLAR SECRET
		TO SERVICE SER
		PM 12: 08
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E.	(If an ef Note:	ive date, if other than the date of filing:
		cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
	Dated	08/04/2016
		Signature of a member or authorized representative of a member
		Jessica Gutheil Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00