## L17000007696

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## **COVER LETTER**

TO: Registration Secti Division of Corpo			
SUBJECT: B	rand Creators	s UC	
	Name of Limit	ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	Oleks	andr Samodin Name of Person	
		d Creators LLC Firm/Company	
	1955 Wiley	St Address	
	Hollyni	ood, FL 33010	>
	Paradi Se E-mail address: (t	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	COM
For further information con	cerning this matter, please ca	all:	
Dleksands Name of P	Samodin	at ( <u>3)4</u> ) 349 – 9 Area Code Daytime T	15-47 Felephone 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

Brand C	feators	UC			
( <u>Name of the Limited Liabilit</u> (A Florida			our records.)		
The Articles of Organization for this Limited Liability C Florida document number <u>L17000076</u> 96	ompany were fi 	led on <u>Sa</u>	nuary 10,	<i>201</i> 4 and as	signed
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the limi</u>	ited liability co	mpany here:			
The new name must be distinguishable and contain the words "Lim	ited Liability Comp	pany," the design	nation "LLC" or the	abbreviation "I	L.C."
Enter new principal offices address, if applicable:					·
(Principal office address MUST BE A STREET ADDR	(ESS)			7 F	- (A) - (A) - (A)
				<b>3</b>	(설류) <del> </del>
				-	
Enter new mailing address, if applicable:				_ P	200
(Mailing address MAY BE A POST OFFICE BOX)				<u>~</u>	STAT
				2	7. 7.
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		ldress on ou	r records, <u>ente</u>	e <u>r the name</u>	of the ne
Name of New Registered Agent:					<del></del>
New Registered Office Address:					
		Enter Florida s	treet address		
			, Florida _		
	Cit			Zip Code	
New Registered Agent's Signature, if changing Registered	d 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 or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Oleksandr Samodin	1955 Wiley st, Hollywood, FL 33020	<b>t</b> Add
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ective date, if other the	an the date of t	iling:		(option	al)
e: If the date inserted in	this block does i	not meet the applica	to date of filing or mo able statutory filing	re than 90 days after the requirements, this d	ling.) Pursuant to 605.0 late will not be listed
ument's effective date or	n the Department	of State's records.			
record specifies a de	elaved effecti	ve date, but no	t an effective ti	me, at 12:01 a.i	m. on the earlie
he 90th day after th				•	
ed February	6	2017			17
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ed rebuiling					

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