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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	, <u>-</u>
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJEC		N AMERICAS LLC		
SUBJE	L. J.:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	•	
		KETIL MOLBACH STAF	ALESEN	
			Name of Person	
		MODULEX AMERICAS	GROUP	
			Firm/Company	
		14 NE 1ST AVE, STE 707	,	
Address				
		MIAMI, FL 33132		
			City/State and Zip Code	
		KMS@MODULEXAMER		
		E-mail address: (to be used for future annual report not	ification)
For furtl	ier information c	oncerning this matter, please ca	ıll:	
KETIL	MOLBACH STA	AALESEN	786 424-0857	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed	d is a check for th	he 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)
		ING ADDRESS:	STREET/COUR	IER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRAND ON AMERICAS LLC		
(<u>Name of the Limited Liability</u> (A Florida)	y Company as it now appears on o Limited Liability Company)	ir records.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L17000185921</u>	ompany were filed on <u>8/30/201</u> 	7 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here:	
MODULEX BRANDON LLC		
The new name must be distinguishable and contain the words "Limit Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESSED ASTREET ASTREET ADDRESSED ASTREET ADDRESSED ASTREET ADDRESSED ASTREET ASTREET ADDRESSED ASTREET ASTREET ADDRESSED ASTREET ASTREET ADDRESSED ASTREET ASTREE	<u>ESSS)</u>	FILED W. OT
B. If amending the registered agent and/or registoregistered agent and/or the new registered office address.		records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	vet address
		Florida
	City	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:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			Change
			□ Remove
			Change
			SECRETARY OF PROPERTY OF
			Phange Range Add
			Remove
			☐ Change
			☐ Remove
			☐ Change
			□ Remove
			Change

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	<u> </u>
Effect	ive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
docun	nem's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
na ra	90th day after the record is filed.
	John day after the record is filed.
	John day after the record is filed.
The	
The	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00