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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
SUBJECT: MM	iri Brands,	LLC	
•	Name of Limi	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subi	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Uchenna	NWankwo Name of Person	<del></del>
		rume of resona	
		Firm/Company	<del></del>
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	12112 200 -	Address	
	miramar	FL, 33027 City/State and Zip Code	
		City/State and Zip Code	1 ( ) ( ) 00
	Vonwank E-mail address: (t	City/State and Zip Code  WO   O2 0 © 0  o be used for future annual report not	Mication)
For further information co	oncerning this matter, please ca		
Uchenna Name o	NUINKUD Person	at ( <u>954</u> ) <u>1914 -</u> Area Code Daytim	5205 ne Telephone Number
Enclosed is a check for th	e 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 Addres	ς:	Street Address:	
Registration S	Section	Registration Se	
Division of C P.O. Box 632	=	Division of Cor The Centre of T	
1.O. DOA 004	• •		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

111

Mmiri Brands	LLC
(Name of the Limited Liabil (A Florid	hity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability of Plorida document number <u>LIBDDDD369</u>	Company were filed on $01042018$ and assigned $2$ .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
the Obioma Found	ation, LLC.
The new name must be distinguishable and contain the words "Liu	mited 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 ADD	RESS)
	5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
	<del></del>

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 =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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If an effe Note: I	ve date, if other than the ective date is listed, the date mu. If the date inscrted in this been seffective date on the I	st be specific and can ock does not meet	not be prior to date of the applicable stat	f filing or more than '	(optional) 00 days after filing.) Pu ements, this date wil	rsuant to 605.0207 I not be listed as
ne reco	ord specifies a delaye 90th day after the rec	d effective date ord is filed.	e, but not an ef	fective time, a	t 12:01 a.m. on	the earlier of
Dated _	05/22 	) wank Signature of a mem	2024 unlaber or authorized rep	presentative of a mer	nber	
	, <b>,</b>	-				