Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180002406313)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178 : (214)317-4754 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRANDTELLE LLC

(1)

Certificate of Status	U
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

 $\ddot{\alpha}$

Electronic Filing Menu Corporate Filing Menu

Help

Date: 08/16/18 Time: 9:36 PM Page: 02/04 To: 18506176383 From: 12143052508 (((H180002406313)))

Docusign Envelope ID: FE07CC2D-4848-41D6-A0DF-684936354974 AKTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brandtelle LLC	
(Name of the Limited Liability Company as it now appears on our recont (A Florida Limited Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Company were filed on 08/08/2018 Florida document number 1.18000189905	and assigned
This amendment is submitted to amend the following:	. 20:
A. If amending name, enter the new name of the limited liability company here:	AUS 1
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LI	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	e e e e e e e e e e e e e e e e e e e
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our recor registered agent and/or the new registered office address here:	rds, enter the name of the r
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street add.	tress
,	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

Page 1 of 3

To: 18506176383 From: 12143052508 Date: 08/16/18 Time: 9:36 PM Page: 03/04 (((H180002406313)))

DocuSign Envelope ID: FE07CC2D-4848-41D6-A0DF-684936354974
If amending Authorized rerson(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>	<u>Address</u>	Type of Action
AMBR	Daniel Schwartz	24 Pawtucket Drive	
		Cherry Hill, NJ 08003	
			☐ Remove
			■ Change
			☐ Remove
			20:29
			: ☐ Change C:: : ☐ " — □`Add
			: ← Change
			□ Remove
			Change
			Add
			Remove
			□ Change
			Петоче
			Change

								.		
		 -					_			
										
	<u> </u>						<u> </u>			
							_			
	-								<u>~2</u>	
		_ 							113	
								•	355 355	
	·							-		-
<u> </u>										7
									<u>, th</u>	
									<u>.</u>	
	<u> </u>					-	· -	·		
		<u> </u>								
	 -					_	_			
							-	<u> </u>		
								_		
<u> </u>										
. Effective date, if other	than the date	of filing:					(option	nal)		.105
(If an effective date is listed, <u>Note:</u> If the date insente	d in this block do	es not me	et the applic	able stati	nory filing thing or me	re than 90 requirem	ents, this o	iate will	not be listed	as
document's effective dat	e on the Departm	ent of Sta	te's records	•						
f the record specifies a	deloved effe	ctive da	te hut no	stan ef	ective t	me. at	12:01 a.	m. on t	the earlier	of
b) The 90th day afte	r the record is	filed.	ic, but no							
August 16			2018							
Dated August 16		- DocuSigned	Schwartz	<u> </u>						
	i	Data ir L. 🤇	Edwarta							

Page 3 of 3

Filing Fee: \$25.00