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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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R. WHITE 123 01 2019

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Figgy Brands LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Heather R. Gavin	
Figgy Brands LLC	
1528 Lago Vista Blvd.	
Palm Harbor, FL 34685	
Palm Harbor, FL 34685 City/State and Zip Code Nra 920 C i Cloud. Com E-shail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Heather R. Gavin at 510 7747011 Name of Person at 510 7747011 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status Certificate of Status	atus &

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

Figgy Brands Ll	2019 J.C. 26 PM 2: 21
	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1390003563 L 1 9	were filed on $\frac{122}{2019}$ and assigned $\frac{10000}{21031}$
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Louis Brands In	ternational LLC
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
Articles of Organization for this Limited Liability Company were filed on 122/2019 and assigned da document number 12000000000000000000000000000000000000	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
registered agent and/or the new registered office address her Name of New Registered Agent:	Enter Florida street address

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.

N/A

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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address Delm 1	Type of Action
4MBR	Benito Figueroa	Address Palm Ho 1528 Lago Vista Blvd. FL 34	485 _ Add
			■ Remove
			☐ Change
			□ Remove
			Change
			Remove
			Change
			□ Add
			Remove
			Change
			Remove
			Change
			Add
			☐ Remove
			Cl Change

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n effecti o te: If t	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
tcd	July 22 , 2019
	Signature of a member or authorized representative of a member
	Heather R. Gavin
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00