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T. MATTHEWS NOV 1 8 2021

COVER LETTER

TO:

Registration Section

Division of Corporations					
	KBANDIT LLC				
SUBJECT:	Name of Lim	ited Liability Company	···		
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please feturn an correspon	ndence concerning this matter	to the following.			
	Nicole M. Episcopo				
		Name of Person			
	BraidedXBandit LLC				
		Firm/Company			
	1229 Ocean Dunes Circle				
		Address			
	Jupiter, FL 33477				
	•	City/State and Zip Code	 		
	BRAIDEDXBANDIT@gm				
		to be used for future annual report not	ification)		
For further information co	oncerning this matter, please co	all:			
Nicole M. Episcopo		954 573-0047 at ()			
Name of	Person	Area Code Daytin	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 Address Registration S Division of C	oction orporations	Street Address: Registration Se Division of Co	rporations		
P.O. Box 632 Tallahassee, F			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

BRAIDEDXBANDIT LLC

21 HOV 10 PH 3: 17

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{4/12/2019}{1}$ and assigned Florida document number L19000096364 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) 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 records, enter the name of the new registered agent and/or the new registered office address here: Nicole M. Episcopo Name of New Registered Agent: 1229 Ocean Dunes Circle New Registered Office Address: Enter Florida street address , Florida 33477
Zin Code Jupiter

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.

City

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 $AMBR = A$	lanager .uthorized Member				
<u>Title</u>	<u>Name</u>	<u>Address</u>	21 KOV In PH 3: 17	Type of Action	
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November 3 2021		1 Mailing Address: 1229 Ocean Dunes Circle, Jupiter, FL 33477
fective date, if other than the date of filing:	Authori	zed Person(s) Detail Address: 1229 Ocean Dunes Circle, Jupiter, F1, 33477 \
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