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Office Use Only



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COVER LETTER

TO:

Registration Section

Division of C	orporations					
	3 Solutions LLC					
SUBJECT: Name of Limited Liability Company						
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corres	pondence concerning this matter	to the following:				
	Kevin Stephenson	Kevin Stephenson				
	Name of Person					
		Firm/Company				
	914 Woodbridge Court					
	Address					
	Safety Harbor, FL 34695					
	·	City/State and Zip Code				
	kevin@ksbrandsolutions.ed					
	E-mail address: (to be used for future annual report notification)				
For further information	concerning this matter, please c	elf:				
Kevin Stephenson		423 943-5385 at ()				
Name	e of Person	at () Area Code Daytime Telephone ?	Number			
Enclosed is a check for	the following amount:					
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy is enclosed) Certified Copy is enclosed)	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)			
Mailing Addi Registration Division of P.O. Box 6. Tallahassee	1 Section Corporations 327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, S Tallahassee, Fl. 32303				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KS Brand Solutions LLC (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 $\frac{03/10/2020}{2}$ and assigned Florida document number $\frac{1.20000077713}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Branding Kevin, LLC 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 flew registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Change
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E. Effective date, if other than the (If an effective date is listed, the date mu: Note: If the date inserted in this bl document's effective date on the D	ock does not meet the applicable	(option te of filing or more than 90 days after t statutory filing requirements, this	nal) lling.) Pursuant to 605.0207 (3) date will not be listed as the
f the record specifies a delayed effective ecord is filed.	e date, but not an effective time,	at 12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated December 13	. 2020	î.	
	Signature of a member or authorized	representative of a member	
Kevin Stephenson			
	Typed or printed na	me of signee	

Filing Fee: \$25.00