L20000098929

(Requestor's Name) (Address)	
(Address)	70037
(City/State/Zip/Phone #)	F
PICK-UP WAIT MAIL	01/04/22-
(Business Entity Name)	
(Document Number)	
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T. MATTHEWS JAN 14 2022

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations			
SUBJECT:	CLOUD	BRANDS LLC		
	Name of Lin	nited Liability Company		_
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter	_		
	LOVETTE DOBSON			
		Name of Person		
		Firm/Company		
	17350 STATE HWY 249,	#220		
		Address		
	HOUSTON, TX, 77064			
		City/State and Zip Code		_
	EFILE1234@INCFILE.CO	M to be used for future annual r		_
For further information c	oncerning this matter, please c		eport nouncation)	
LOVETTE DOBSON		1 888	-462-3453	
Name o	f Person	Area Code	Daytime Telephone Num	ber
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certif osed) Certif	Filing Fee, icate of Status & ied Copy onal copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Division	tion Section of Corporations	
P.O. Box 632	1	The Cen	tre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OUD BRANDS LLC 22 15	,-3 FO 3.39
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records. a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 04/08/2020	and assigned
lorida document number L20000098929	·	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
he new name must be distinguishable and contain the words "Lin	nited 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 ADDI	RESS)	
		
Enter new mailing address, if applicable:		<u></u>
Mailing address MAY BE A POST OFFICE BOX)		
) If amonding the west to and a set of the s	1 60	_
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	d office address on our records, <u>enter t</u>	he name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	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 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>	<u>Address</u>	Type of Action
AMBR	Bob Denison	850 N.E 3rd Street #205	Add
		Dania Beach, FL 33004	□ Remove
			□Change
			□Add
			□Remove
			
			
			□ Remove
			□ Change
			
			□Remove
			Change
			□ Remove
			□Change
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			□ Change

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· <u></u>	<u></u>					
Effective date, if other (If an effective date is listed,	the date must be speci	ific and cannot be pr	ior to date of filing	or more than 90 days	optional) after filing.) Pursuant to	605.0207 (
Note: If the date inserte document's effective dat	a in this block does	s not meet the app	licable statutory:	filing requirements	s, this date will not be	listed as t
he record specifies a delay ord is filed.	ed effective date, b	ut not an effective	e time, at 12:01 a	m. on the earlier o	of: (b) The 90th day a	fter the
Dated December, 23		2021	·			