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T. MATTHEWS MAR 29 2022

## **COVER LETTER**

<b>TO:</b> Registration Se Division of Cor						
CHRIECT.	CLOUD	BRANDS LLC	•			
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	LOVETTE DOBSON					
		Name of Person				
	Firm/Company					
	17350 STATE HWY 249,	#220				
		Address				
	HOUSTON, TX 77064					
	EFILE1234@INCFILE.CO	City/State and Zip Code				
		to be used for future annual report not	ification)			
For further information of	concerning this matter, please c	all:				
LOVETTE DOBSON		1 888-462-34.	53			
Name (	of Person	Area Code Daytin	ne Telephone Number			
Enclosed is a check for t	he 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 Section		Street Address: Registration Section				
Division of Corporations		Division of Corporations				
			The Centre of Tallahassee			
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 MIR 17 AM 9: 26 CLOUD BRANDS 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  $\frac{04/08/2020}{2}$ and assigned Florida document number  $\frac{L20000098929}{L20000098929}$ 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 "LLC." 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: 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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_\_\_\_\_\_, Florida \_\_\_\_\_\_\_\_Zip Code

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Robert Denison	850 N.e 3rd Street #205	□Add
		Dania Beach, FL 33004	□Remove
			\overline Change
<del></del>			□Add
			□Remove
			Change
			🗆 Add
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cord specifies a delayed effectiv s filed.	e date. but not an e	ffective time, :	at 12:01 a.m. on the	earlier of: (b)	The 90th day after th
ed March, 11	20	22			
	Zach	er or anthorize	Mandel representative of a n	stein	