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COVER LETTER

Division of Corporations
SUBJECT: KISKIN Bronds, LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
William R. Wilson II. Name of Person
Firm/Company
12100 Courage Him DR.
Hudson FL 34667 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
William WUSON at (727) U07-2002 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status □ Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KISKIN &	brands LCC	وہے
(Name of the Limited Li (A F	ability Company as it now appears on our records.) orda Limited Liability Company)	3 77
The Articles of Organization for this Limited Liabili Florida document number	ity Company were filed on	and assigned
This amendment is submitted to amend the following		2 55 55 50 50
A. If amending name, enter the new name of the	limited liability company here:	o o
Diskin Brands.		
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 A		
(Trincipal office dadress WOST BE A STREET AL	<u>DDRESS)</u>	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or regist agent and/or the new registered office address he		name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Floric	la
_	City	Zin 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			🗖 Add
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			□Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
 -	
-	
	
Effective	e date, if other than the date of filing:
Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records.
e record s d is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m., on the earlier of: (b) The 90th day after the
Dated	october 15th, 2020.
	Signature of a member or authorized representative of a member
	William R. William II