# 12000/89778

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(Address)				
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#### **COVER LETTER**

FO: Registration Sec Division of Cor	porations		
SUBJECT:	indisseur Co	llective Brand	LLC
SUBJECT:OCT	Name of Limi	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing	
Please return all correspo	ndence concerning this matter	to the following:	
	Vanessa	Brown	
		Name of Person	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	322 Somona	ruk St	
		Address	<del></del>
	Park Forest	IL 60466  City/State and Zip Code  1ej@gmail.com	
	1 by on all	City/State and Zip Code	
	E-mail address: (	to the used for future annual report notif	fication)
For further information c	oncerning this matter, please c	all:	
Vanessa E	Brwn	at ( <u>863</u> ) <u>271 -</u> Area Code Daytime	6439
<u> </u>	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	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)
			c A

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

## Connoisseur Collective Brand 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 Compa	iny were filed on _	07/06/2	ORO and assigned	
Florida document number <u>L20000189778</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company h	<u>iere</u> :		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the	designation "LLC" or th	e abbreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Parameter and the subdensity of applicables				
Enter new mailing address, if applicable:			<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>	<del></del>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our	records, <u>enter the n</u>	ame of the new registered	
Name of New Registered Agent:		<u></u>		
New Registered Office Address:				
Emer Florida street address				
		, Florida		
<del></del>	Сиу		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 agreed 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>	Address	Type of Acti	<u>on</u>
MGR	Silas M. Junious	16706 Trail View Ct	i <b>X</b> Add	
		Tinley Park, 12 60477	□Remove	
			□Change	
<u>Ambr</u>	Silas M. Junious	16706 Trail View Ct	<b>;X</b> \dd	
		Tinley Park, IL 60477	□Remove	
			□Change	
MGR	Vanessa L. Brow	388 Somonauk St	<b>X</b> Add	
		Park Forest, 12 60466e	□Remove	
			□Change	
			□Add	
			□Remove	
			□Change	
			□ Add 2024 move	
			Change PH	
			SINTE SINTE	السيها
			□Remove	
			🗆 Change	

of a member or authorized representative of a member

Typed or printed name of signee