## LZO 000252850

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Cashicas Linity Hame)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

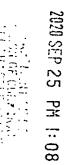


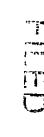


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OCT 31 2020 S. YOUNG





## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT. AC	ID BRAND LL	*_	
SUBJECT: AC	Name of Lim	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:	
	<u>Caraig</u> T	Name of Person	
		Firm/Company	
	2719 SW (	oth Drive Address	
	Fort Laude	erdale, Florida City/State and Zip Code	33312
	graiat 8 @	City/State and Zip Code  Smail. com to be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca	all:	
Graig The	er miclor Person	at ( <u>954)</u> 668 – Area Code Daytim	- 4216 te Telephone Number
Enclosed is a check for th	e following amount:		
Zi \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S	Section	Street Address: Registration Se Division of Cor	
Division of C P.O. Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

띯

ACID BRAND ( (Name of the Limited Liability Company)	ny as it now appears on our records.)
(A Florida Limited L	Jability Company)
The Articles of Organization for this Limited Liability Company	were filed on 817 2020 Sand assumed
Florida document number <u>L2000252850</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "L.L.C." 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:	2719 Sw 6th drive
(Mailing address MAY BE A POST OFFICE BOX)	Fort Lauderdale, FL 33312
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Fører Florida street address
	, Florida 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 Changing Registered Agent, Signature of New Registered Agent

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 Action
OWILLEY / MC	ir Oviner/MGR		ZAdd
			□Remove
			□Change
			□Add
			□ Remove
			□Change
		□Remove	
			Change
			□Add
		□Remove	
			Change
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			□Remove
			□Change
			□Add
			□Remove

ffective date, if other than the date of filing:	
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is filed.	
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	day after the
ated September 2, 2020	
Signature of a member or authorized representative of a member	