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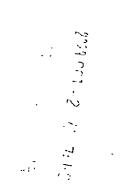
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A. RIVERS

OCT 14 2023

COVER LETTER

TO: Registration Section Division of Corporations NEW BRAND INVESTMENTS LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: DAMIAN MORALES Name of Person Firm/Company 248 WEST 50 STREET Address HIALEAH, FL 33012 City/State and Zip Code DAMIANMORALES005@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 818-9670 DAMIAN MORALES Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: Mailing Address:

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

NEW BRAND INVESTMENTS LLC		
(Name of the Limited Lie (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	ty Company were filed on 08/27/2020	and assigned
Florida document number L20000266664		
This amendment is submitted to amend the following	ष्ट:	
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 "L.L.C."
Enter new principal offices address, if applicable:	:	
<u> Principal office address MUST BE A STREET AL</u>	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	2	
		<u> </u>
B. If amending the registered agent and/or regist agent and/or the new registered office address her		me of the/new regis
generalization the new registered office address ner	<u></u> .	-, -,
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
		.∃ -
_	Florida _	Zip Code
	Cuy	гар Сове

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
MGR	ARLIN MORALES	248 WEST 50 STREET	■Add
		HIALEAH, FL 33012	□Remove
			Change
			□Add
			□Remove
			Change
			
			Remove
		□Change	
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		□Remove	
			□Change
			□Add
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			□Change
			□ Add
			Remove
			□Change

Page 2 of 3

* : * :

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
If an ef Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020' If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
Dated	09/2023
	Signature of a member or authorized representative of a member
	Signature of a memoer of aumorized representative of a member
	DAMIAN MORALES Typed or printed name of signee