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COVER LETTER

Division of Cor	
SUBJECT:	Amerikanbrands LLC
	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ondence concerning this matter to the following:
	Kate Durac Name of Person
	Amerikantrands LLC Firm/Company
	9370 Palm Tree Dr. Address
	City/State and Zip Code ane il anhams O cincil con. E-mail address: (to be used for future applial report notification)
	E-mail address: (to be used for future annual report notification)
For further information c	concerning this matter, please call:
Name o	DURAL at (312) 5306000 Area Code Daytime Telephone Number
Enclosed is a check for t	he 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)
Mailing Addres	

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



Amerikanh	stands LLC
(A Florid	ity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number <u>L 2000277</u>	Company were filed on <u>09/04/2020</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>mgr</u>	COLY SAH DURAL	9770 Palm Tree Dr	□Add
		Windowere FL	
		34786	□Change
M6R	KATE DURAL	9370 Palm Tree Or	XAdd
		windermere fl	□Remove
		34786.	□Change
···		 	🗆 Add
			□Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
ian e Note:	tive date, if other than the date of filing:
	ord 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 filed.
ated	107/18/2023
	Signature of a member or authorized representative of a member
	V and D and
	Typed or printed name of signee