From: TAXLEAF.COM CONTADORMIAMI.

6/17/22, 4:25 PM

Division of Corporations

# Florida Department of State Division of Conformations Electronic Filing Gover Sheer

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From:

Account Name : TAXLEAF.COM INC Account Number : I20140000084 Phone : (305)541-3980 Fax Number : (786)713-1940

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## NEW YORK BRANDS & CONCEPTS LLC

Certificate of Status	0
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H22000211588 3

### ARTICLES OF AMENDMENT ďΤ ARTICLES OF ORGANIZATION OF

NEW YORK BRANDS 8	& CONCEPTS LLC		
(Name of the Limited Liability Company (A Florido Limited Lin	ns it now appears on bility Company)	our records.)	
The Articles of Organization for this Limited Liability Company w Florida document numberL20000372244	ere filed on	11/25/2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili			
The new name must be distinguishable and contain the words "Limited Liability	Company," the design	ation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			· -
(Principal office address MUST BE A STREET ADDRESS)			
	<del></del>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our recor	ds, enter the name	of the new registered
Name of New Registered Agent:			<del> </del>
New Registered Office Address:	Enter Florida s		
	Enter Ptorida s		
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			·
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my ovided for in Chap	duties, and I am far oter 605, F.S. Or, if	niliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

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#### 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

Title	;	Name	Address	Type of Action
AMBR		HARARI, RICHARD	462 N TERRY AVE #610	
	1		ORLANDO, FL 32801	□Remove
	:			Change
AMBR		DE CAMARGO, JOAO PEDRO	462 N TERRY AVE #610	
			ORLANDO, FL 32801	□Remove
				□ Change
		*		□Add
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record special is filed.	ifies a delayed effective date, b		ne, at 12:01 a.m. on the	e earlier of: (b) The 90	th day after th
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	Signatur		rized representative of a r	nember	
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