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COVER LETTER

	ion Section of Corporations
	NDUPPER LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.
	rrespondence concerning this matter to the following:
	ALINA PALIIENKO
	Name of Person
	BRANDUPPER LLC
	Firm/Company
	800 SE 4TH AVE 121
	Address
	HALLANDALE BEACH, FL 33009
	E-mail address: (to be used for future annual report notification)
For further informa	ation concerning this matter, please call:
Alik	Area Code Daytime Telephone Number
•	Audi Code Day Blue Telephone Number
Enclosed is a sheet	for the following amount
■ \$25.00 Filing I	Fee \$\Bigcup \$30.00 \text{ Filing Fee & } \Bigcup \$55.00 \text{ Filing Fee & } \Bigcup \$60.00 \text{ Filing Fee, } \text{ Certificate of Status & } \text{ Certified Copy } \text{ Certified Copy } \text{ (additional copy is enclosed)} \text{ Certified Copy } \text{ (additional copy is enclosed)}
<u>Mailing A</u> Registra	ddress: Street Address: tion Section Registration Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRANDUPPER LLC

21 HAY 17 PM 3: 43

(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 Company were filed on 02/25/2021 _____ and assigned Florida document number L21000094707 This amendment is submitted to amend the following: 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Elavida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as regimered 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

___, Florida ___

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MCD -	Manager	
AMBR =	Authorized	Member

MCR - M AMBR = A	lanager authorized Member	大、工工(ARTIBE STATE 大、工工(ARTIBE STATE	
<u>Title</u>	<u>Name</u>	Annress	Type of Action
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ffective date, if other than the an effective date is listed, the date mote: If the date inserted in this becument's effective date on the f	ist be specific and cannot be prior to date of lock does not meet the applicable stat	(optional) If filing or more than 90 days after filing.) Pursuant to 605.0207 utory filing requirements, this date will not be listed as
ecord specifies a delayed effecti is filed.	ve date, but not an effective time, at 12	2:01 a.m. on the earlier of: (b) The 90th day after the
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ALINA PALIIENKO		