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COVER LETTER

	egistration Sectivision of Corp			
SHR IPCT	THE FARQ	UHERSON BRAND LLC		
SOBJECT	•	Name of Lim	ited Liability Company	
The enclos	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retu	m all correspor	ndence concerning this matter	to the following:	
		REBECCA N FARQUHE	RSON	
			Name of Person	
			Firm/Company	
		10257 SW VILLAGE PAI	RKWAY APT 203	
			Address	
		PORT ST.LUCIE, FL 349		
		rebeccarichards78@gmail.c		
For further	information co	E-mail address: (ncerning this matter, please co	to be used for future annual report notif	ication)
	A N FARQUHE		561 566-0004	
	Name of		at (: Telephone Number
Enclosed is	s a check for the	e following amount:		
■ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Contificate of Status & Contificate of Status & Contificate Copy (additional copy is sections)
R D P	lailing Address egistration So ivision of Co O. Box 6327 allahassee, F	ection prporations	Street Address: Registration Sec Division of Corp The Centre of T	وب porations
1	ananassee, F	L JúJia	Tallahassee, FL	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE FARQUHERSON BRAND LLC (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 03/25/2021 and assigned Florida document number <u>L21000140341</u> 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 Florida street address

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.

New Registered Agent's Signature, if changing 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
AMBR	REBECCA N FARQUHERSON	10257 SW VILLAGE PARKWAY APT 203	= Add
		PORT ST.LUCIE, FL 34987	□Remove
			□Change
AMBR	FRANTZ O FARQUHERSON	10257 SW VILLAGE PARKWAY APT 203	□Adđ
		PORT ST.LUCIE, Fl. 34987	□Remove
			= Change
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	Signature of a member or auth	orized representative of a	nember		