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(((H21000308923 3)))



H210003089233ABC

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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BUSINESS FILINGS Account Number : 105256001620 Phone : (608)827-5300

Phone :

: (608)827-5300 : (608)827-5501

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

Email Address: joe@loomahands.com

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

Certificate of Status	0
Certified Copy	0
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Help

To: +18506176380 Page: 3 of 5 2021-08-17 14:03:07 CST 16082993912 From: Alexis Gregor

Fax Audit # H21000308923 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Looma Brands LLC		
(Name of the Limited Liability Compa (A Florida Limited I	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 4/6/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1000 Brickell Ave., Suite 715	
(Principal office address MUST BE A STREET ADDRESS)	Miami, Fl. 33131	
Enter new mailing address, if applicable:	1000 Brickell Ave., Suite 715	1
(Mailing address MAY BE A POST OFFICE BOX)	PMB112	=
	Miami, FL 33131	7.7
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the h	ame of the new registered
Name of New Registered Agent:		—FAR \$
New Registered Office Address:	P	4.,
	Entar Florida street address	
<u> </u>	, Florida	
	Cin:	Ziv Code

## 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, E.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

To: +48506176380 Page: 4 of 5 2021-08-17 14:03:07 CST 16082993912 From: Alexis Gregor

## Fax Audit # H21000308923 3

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>	Name	Address	Type of Action
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			□Remove
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<u>iote:</u> If the	ate, if other than the date of filing:  date is listed, the date must be specific and cumot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 to date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.
	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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is filed.	Signature of a member or multiorized representative of a member