Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

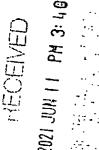
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Account Name : LAZARUS CORPORATE FILING SERVICE, IN

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

**Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please A Еπ

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| 191T | Address: | | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BRANDSIZING LLC**

| Certificate of Status | 0 | |
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| Certified Copy | 0 | |
| Page Count | 04 | |
| Estimated Charge | \$25.00 | |

3052201440

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BRANDSIZ | | | |
|--|---|----------------------------|------------------------|
| (Name of the Limited Liability Compan (A Florida Limited Li | v as it now appears ability Company) | on our record:) | <u>_</u> |
| The Articles of Organization for this Limited Liability Company v | were filed on _ | 05/03/2021 | and assigned |
| florida document number L21000206370 | | | unit assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabil | ity company her | <u>e</u> : | |
| The new name must be distinguishable and contain the words "Limited Liabilit | y Company," the des | ignation "LLC" or the a | bbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| Principal office address MUST BE A STREET ADDRESS) | | | |
| | | | |
| | | | |
| Inter new mailing address, if applicable: | | | |
| Mailing address MAY BE A POST OFFICE BOX) | | | |
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| | | | |
| If amending the registered agent and/or registered office ad gent and/or the new registered office address here: | dress on our rec | ords, <u>enter the nan</u> | te of the new register |
| gent and/of the new registered office address here. | | • | |
| Name of New Registered Agent: | | | |
| Haine of New Registered Agent. | | पंत्र ह | |
| New Registered Office Address: | E - El - / | | 283 |
| | Enter Floride | a street address | À € |
| | | , Florida 📆 | 5) 22 |
| | City | in in | Zip Code = |
| New Registered Agent's Signature, if changing Registered Agent: | | <u> </u> | |

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 Jamitiar 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.

3052201440

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 |
|--------------|-------------------|--|----------------|
| MGR | ROGER A RODRIGUEZ | 340 SE 3RD ST SUITE 1009 MIAMI, FL 33131 | 🗏 Add |
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| . If amending any other information, enter change(s) here: (Attach ad | ditional sheets, if necessary.) |
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| . Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records. | or more than 90 days after filing.) Pursuant to 603.0207 (3) |
| the record specifies a delayed effective date, but not an effective time, at 12:01 a cord is filed. | i.m. on the earlier of: (b) The 90th day after the |
| Dated, 702 | 7 |
| Signature of a neprite or amorized represent | ative of a member |
| LUIS E GUEVARA | |

Typed or printed name of signee