L21000258719

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COVER LETTER

	distration Section of Corp					
SUBJECT:	E STREET B	RANDS LLC	•			
		Name of Lim	nited Liability Company			
The enclosed	Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
		Y&Y BUSINESS CONSU	JLTANTS ELC			
			Name of Person			
			Firm/Company			
		175 SW 7TH ST SUITE I				
		MIAMI, FL 33130	Address			
		yyybusinessacg@gmail.con	City/State and Zip Code			
		E-mail address: (to be used for future annual report notific	ration)	297	-114
For further in	formation con	cerning this matter, please ca	all:			ľ
STEFANIE Y	YEPES LASP		305 200-5004 at ()		19 E.H. 1853	
	Name of F	erson	Area Code Daytime	Telephone Number	A #:	. T
Enclosed is a	check for the	following amount:			24	
■ \$25.00 Fi	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fili Certificate Certified (additional c	e of Statu Copy	

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E STREET BRANDS LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) itted Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number L21000258719	pany were filed on JUNE 03 2021	and assigned
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 I	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	s)	
Enter new mailing address, if applicable:		2022
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, enter the	name of the new registe
		2-
Name of New Registered Agent:		••••
New Registered Office Address:	Enter Florida street address	
	Enter Florida street address	
	, Floric	
	City	Zip 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, 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 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
MGRM	NOVA ESCOBAR, LUIS A	1560 NW 182 TER	□Add
		PEMBROKE PINES, FL 33029	□Remove
			□ Change
			
			□ Remove
			□ Change
			□Add
			Remove
			☐ Remove
			→ □Addy
		-	Nemove □ Remove
		······································	□ Change
<u>.</u>			□Add
			□Remove
			□ Change
			□Add

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