## h22 0000 75183

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2022 APR 11 PM 6: 58
SECRETARY OF STATE

O SIMMONS APR 1 4 2022



### RECEIVED

2022 APR 11 PM 12: 32

SECREMARY OF STATE TALLAHASSEE, FL

#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 16, 2022

NATHAN GREEN 1404 N RONALD REAGAN BLVD #1120 LONGWOOD, FL 32750

SUBJECT: BRAND MENTOR LLC Ref. Number: L22000075183

We have received your document for BRAND MENTOR LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 122A00006190

Octavia L Simmons Regulatory Specialist II Supervisor

www.sunbiz.org

### **COVER LETTER**

TO: Registration Sect Division of Corpo				
SUBJECT: Bran	nd Mentor L	LC ited Liability Company	<del></del>	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	Nath	Name of Person		
	Solutions	Group Accounting F	-irm	
	1404	N Rapald Reagan B	140 #1120	
	Longue	City/State and Zip Code		
	E-mail address: (1	n 6 50/11/10050 roupe cou	cation) com	
For further information cor	ncerning this matter, please ca	all:		
Nathar Name of I	Creen Person	at (32) 3b3-1 Area Code Daytime	Telephone Number	
Enclosed is a check for the	following amount:			
. \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Se		Street Address:	tion	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327	•	The Centre of Ta		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

### ARTICLES OF AMENDMENT FILED

# ARTICLES OF ORGANIZATION OF 2022 APR 11 PM 6: 59

CEODETARY OF STATE

Brand_Me	entor LL	` 	TALLAHASSEE, FL	
( <u>Name of the Limited Lia</u> (A Fle	ibility Company as it norida Limited Liability C	ow appears on ompany)	our records.)	
The Articles of Organization for this Limited Liabilit	y Company were fil	ed on	15/2022 and assigned	
Florida document number <u>L 22000/75/83</u>	·			
This amendment is submitted to amend the following	;;			
A. If amending name, enter the new name of the	limited liability con	npany here:		
The new name must be distinguishable and contain the words "	Limited Liability Comp	any," the design	ation "LLC" or the abbreviation "L.L.C."	-
Enter new principal offices address, if applicable:		<u> </u>		_
(Principal office address MUST BE A STREET AD	DRESS)			_
		· •		_
Enter new mailing address, if applicable:				_
(Mailing address MAY BE A POST OFFICE BOX)				_
				_
B. If amending the registered agent and/or registe agent and/or the new registered office address her		on our recor	ds, <u>enter the name of the new regist</u>	<u>ered</u>
Name of New Registered Agent:				_
New Registered Office Address:				_
		Enter Florida si	reet address	
	City		, Florida	-
	0.1,7			

#### 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 Changing Registered Agent, Signature of New 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	Carlos Silva	<del> </del>	□Add
		1404 N Annald Reagon Blud, Sui	Remove
		#1120 Longwood, FL 32780	
AMBR	PowerHouse Ventures LLC	1404 N. Ranald Pagan Blud	Sli Add
		Suite 1120 Longwood, FL 3278	Q_ □Remove
			□Change
			□Add
		<del></del>	□Remove
			Change
			□Add
			□Remove
			□Change
	<del></del>		□Add
			□Remove
			□Change
<del></del>			□Add
			□Remove
			Псь

). It amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	<del></del>
<u></u>	
_	- <del></del>
<del></del>	
Note: If	date, if other than the date of filing:  (optional)  ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)( the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the t's effective date on the Department of State's records.
f the record s ecord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	February 24th 2022
	Signature of a member or authorized representative of a member
	Nathan Green Typed or printed name of signee

Filing Fee: \$25.00