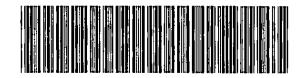
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(Requestor's Name)
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SECRETARY OF STATE
TAIL AHASSEE, FI

A. BUTLER APR 1 2 2022

COVER LETTER

TO: Registration S Division of Co			
Sundog W	vonder, LLC		·
SUBJECT:	Name of Lin	ited Liability Company	<u> </u>
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Fabrizio Lengua		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	ZenBusiness INC.		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	5511 Parkcrest Dr. Suite 1	03	
		Address	
	Austin, TX 78731		
	fulfillment@zenbusiness.co	City/State and Zip Code	
	E-mail address: (to be used for future annual report no	tification)
For further information	concerning this matter, please c	all:	
Fabrizio Lengua		512 237-7349 at ()_	
Name of Person		Area Code Dayti	me 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)	☐ \$60.00 Filing Fee. Certificate of Status Certified Copy tadditional copy is enclose
Mailing Addre	<u>288:</u>	Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 63	•	The Centre of	•
Tallahassee.	FL 32314	2415 N. Monn Tallahassee, F	oe Street, Suite 810 L 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Sundog Wonder, LLC	2022 MAR 28 AM 10: 42
(Name of the Limited Liabilit	y Company as it now appears on our records.)
The Articles of Organization for this Limited Liability C	ompany were filed on 2022-02-25 and assigned
1 22000101218	ompany were fried on
Florida document number 1.22000101218	_·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
Brava Brava, LLC	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Francis - 1 . 100 - 1 . 100 - 1 . 10 . 10 . 10	
Enter new principal offices address, if applicable:	
<u>Principal office address MUST BE A STREET ADDR</u>	(ESS)
Enter new mailing address, if applicable:	
*	
(Mailing address MAY BE A POST OFFICE BOX)	
	l office address on our records, <u>enter the name of the new registere</u>
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	isater rawada su eer adaress
	, Florida
	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 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	Membe

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Remove
			□Change
			□Add
		□Remove	
			□Change
			□Add
			□Remove
		 	□Change
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			□Change
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			□Remove
			□ Change

Page 2 of 3

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an effective date is listed, the date m	ust be specific and cannot be prior to block does not meet the applicab Department of State's records.	date of filing or more than 90 days at e statutory filing requirements,	otional) Her filing.) Pursuant to 605.020 this date will not be listed a
record specifies a delay The 90th day after the re	ed effective date, but not a cord is filed.	in effective time, at 12:0:	1 a.m. on the earlier o
nted	. 2022		
	/s/ Donna Marie	_ee	
	Signature of a member or authorize	ed representative of a member	