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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 Phone : (215)563-8113 Fax Number : (215)977-9386

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

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NICOLE CRAFT BRANDS LLC

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ARTICLES OF AMENDMENT TOARTICLES OF ORGANIZATION OF

	raft Brands LLC	
(<u>Name of the Limited Liability Com</u> (A Florida Limited	nany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on May 9, 2022	and assigned
Florida document number L22000189835	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Nicole Craft Brands Holdings LLC		
The new name must be distinguishable and contain the words "Limited Lia	oility Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
 		
		_
B. If amending the registered agent and/or registered office	e address on our records, enter the nat	ne of the new register
agent and/or the new registered office address here:		2022
		ال ال
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		<u> </u>
	Enter Florida street address	그 골 85
	, Florida _	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	0

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

MGR = Manager

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			(□Change
			🖸 Add
			Remove
			☐ Change
			□Add
			Remove
			☐ Change
			□Add
			(☐Change
			∐Add
			Remove
	•		Change
			□Add
			□Remove
			(I) Change

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Fax: (850) 617-6383

fective date, if other than the date of filing:		· · · · · · · · · · · · · · · · · · ·
in effective 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 605.02	ective date, if other than the date of filing:	other than the date of filing:
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ective date, if other than the date of filing: effective 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 605.020 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a	ective date, if other than the date of filing:	other than the date of filing:
reflective 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 605.02	ective date, if other than the date of filing:	other than the date of filing:
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