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## **COVER LETTER**

TO:

TO: Registration Section Division of Corporations	
SUBJECT. Clarac in	Name of Limited Liability Company
SUBJECT: DIWIGHT	Name of Limited Liability Company
The enclosed Articles of Amendment and	fee(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
Math	thraw J. Gartinkle Name of Person
	Firm/Company
4416	N Yoth Jt Address
Young What:	City/State and Zip Code  Sup a Slangin Smile, Com  mail address: (to be used for future annual report notification)
For further information concerning this ma	
Matthew Gartin	Area Code Daytime Telephone Number
Enclosed is a check for the following amo	
\$25.00 Filing Fee	ing Fee & S55.00 Filing Fee & S60.00 Filing Fee, le of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Agin Durile Brand LLC SEURINE PH 2:41

The Articles of Organization for this Limited Liability Company were filed on \_ Florida document number L 22000195903 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 Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: lathrw Gartinkk Name of New Registered Agent: New Registered Office Address:

## 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>	<u>Address</u>	Type of Action
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Filing Fee: \$25.00