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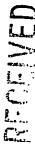
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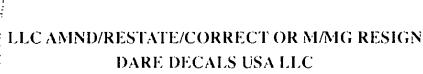
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COVER LETTER

	egistration Se ivision of Cor			
CID ITATE		TALS USA LLC		
SUBJECT	·	Name of Lin	nted Liability Company	
The enclos	ed Articles of .	Amendment and fee(s) are sub	mitted for tiling.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		LOVETTE DOBSON		
			Name of Person	
			Firm/Company	
		17350 STATE HWY 249	STE 220	
			Address	
		HOUSTON, TX 77064		
		EFFLE1234@INCFFLE.CO	City/State and Zip Code	
		F-mail address: (to be used for future annual report	notification)
For further	information co	oncerning this matter, please c	all:	
LOVETTE	DOBSON		at () Area Code — Daj	888-462-3453
	Name of	f Person	Atea Code Da	ytime Telephone Number
Enclosed is	a check for th	ne 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 (additional copy is enclosed)
R D P.	ailing Addres egistration S ivision of C O. Box 632 allahassee, I	section orporations 7	The Centre of	Section Corporations of Tallahassee nroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limited Liability Comp (A Fforida Limited	any as it now appears on our reco Liability Company)	ords.)
	, , , , , , , , , , , , , , , , , , ,	
The Articles of Organization for this Limited Liability Company	were filed on (09/09/2022)	and assigned
Florida document number L22000395076		
This amendment is submitted to amend the following:		
This amendment is submitted to amend the rottowing.		
A. If amending name, enter the new name of the limited liab	oility company here:	
BRAND ENVY, LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L	LC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		- 11
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
intuining diddess plat the ATOST OFFICE BOXY	· · · · · · · · · · · · · · · · · · ·	
	A	
B. If amending the registered agent and/or registered office	address on our records, ent	er the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Name Davids and COST of Collins		
New Registered Office Address:	Enter Florida street add	ress
		tti
	Cuỳ.	Florida
New Registered Agent's Signature, if changing Registered Agent	· }	
		timeth in many in the summer with the
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete		
accept the obligations of my position as registered agent as	provided for in Chapter 60.	5. 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



024 08 33:45 CDT If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	<u>Address</u>	Type of Action
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			CRemove 7
			Dange
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			☐Change
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ffective date, if ot	her than the date	of filing:		(0	ptional)	
an offective date is list	ed, the date must be sp erted in this block de	ecific and cannot be poes not meet the app	clicable statutory.	or more than 90 days;	after filing.) Pursuant to 60 this date will not be lis	5.0207 (3)(b tod as the
record specifies a de Lis filed.	elayed effective date	, but not an effectiv	e time, at 12:01 a	.m. on the earlier of	(b) The 90th day after	er the
July 12		202-4	·			
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Typed or printed name of signec