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(Requestor's	Name)
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PICK-UP W	/AIT MAIL
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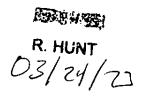
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## **COVER LETTER**

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TO: Registration Se Division of Con				
	ND ATELLIER LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	LAURA POSADA			
		Name of Person		
		Firm/Company		*** 1 2
	6619 S. DIXIE HWY #140	0	. · <del>.</del> ·	:: ::0 : :(일 : . :
		Address	2	- T
	MIAMI, FL 33143			224 PM 1: 22
	LAURA@LAURAPOSAD	City/State and Zip Code  OA.COM	ATE .	22
For further information (	E-mail address: (concerning this matter, please c	to be used for future annual report noti	fication)	
LAURA POSADA		305 301-2707 at ( )		
Name o	of Person		e Telephone Number	-
Enclosed is a check for t	he 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 Fe Certificate of S Certified Copy (additional copy is	tatus &
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ction	
Division of C	Corporations	Division of Cor	porations	
P.O. Box 632 Tallahassee,		The Centre of 7 2415 N. Monro	Tallahassee e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company was lorida document number 1.22000396064	vere filed on <u>09/09/2022</u>		
lorida document number 1.22000396064			and assigned
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liabili	ty company here:		
BRAND A TELIER LLC			
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC"	or the abbrevi	ation "L.L.C."
Inter new principal offices address, if applicable:	6619 S. DIXIE HWY #140		
• •	MIAMI, FL 33143	p = #	
			고 1일 (변)
		]	- Til
nter new mailing address, if applicable:	6619 S. DIXIE HWY #140	in Ti	P Ü
Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33143		 22
		T-1	10-

## 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>	<b>Type of Action</b>
AMBR	CAROLINA FERREIRO	9708 SW 108 TERRACE	
		MIAMI, FL 33176	□Remove
			□ Change
			□Add
			□ Remove
			☐ Change
			Remove
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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  Ote: If the date inserted in this block does not meet the applicable statutor	y filing requirements, th	is date w		
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