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A. BUTLER
JAN 19 2023

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: BC	Ci Brands Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rebecca	Gosik Name of Person	
	Becci Bi	and LLC Firm/Company	
	100 Isle a	F Venice Dr. =	± (
	Fort Laude Gasik Inve	City/State and Zip Code Stments & GM To be used for future annual report notified.	33301 Com
For further information c	oncerning this matter, please ca	all:	
Rebeccac Name o	GOSIK FPerson	at (717) <u>676</u> Area Code Daytine	-1033 Telephone Number
Enclosed is a check for the	he following amount:		
\$25,00 Filing Fcc	☐ \$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)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

becci t	brands i	102200	
(Name of the Limited Li (A F)	ability Company as it now orida Limited Liability Con	appears on our records.	24 Pri 3: 58
The Articles of Organization for this Limited Liabili Florida document number <u>L220004072</u>	ty Company were filed	A 1 - 1 - 1	and assigned
This amendment is submitted to amend the following).).		
A. If amending name, enter the new name of the	limited liability compa	any here:	
The new name must be distinguishable and contain the words	Limited Liability Company	"the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
			<u></u>
B. If amending the registered agent and/or registe agent and/or the new registered office address her		our records, enter the n	ame of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Fm	ter Florida street address	
	2.711		
	Cin	, Florida	Zin Coda

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 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 Title Name Address Type of Action AMBR Robecca Gosik 100 Isle of Venice Dr. #1 show Fort Lauderdale, FL 33301 - Remove _____ □Change _____ □Add ______ □ Add _____ □Remove ________Change ______ □Remove ______ □Change ______ □ Add _____ Change

______ □Remove

_	
(If an effect Note: If	e date, if other than the date of filing:
the record s cord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	October 21 2022
	Rebecco Hose. Signature of a member of authorized representative of a member