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| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| Certified Copies Certificates of Status |
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| Cassial Instructions to Elling Officer  |
| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| TO: Registration S Division of Co |  | 2   |   |            |    |
|-----------------------------------|--|---|---|------------|----|
| BOARD .                           | AND BRAND, LLC                                     |   |   |            |    |
| SUBJECT:                          | Name of Lim  | ited Liability Company  |   |            |    |
| The enclosed Articles o           | of Amendment and fee(s) are sub                    | emitted for filing.   |   |            |    |
| Please return all corresp         | oondence concerning this matter                    | to the following:   |   |            |    |
|                                   | MARCELLE L. TURNER                                 | 2   |   |            |    |
|                                   | <u> </u>   | Name of Person  |   |            |    |
|                                   | SIDE DOOR CONSULTI                                 | NG, LLC   |   |            |    |
|                                   |  | Firm/Company  | G (C)   | 207        |    |
|                                   | 3100 PORTA ROMANO                                  | WAY   |   | 2023 HAR 2 |    |
|                                   |  | Address   |   | 28         | Î  |
|                                   | LAKE MARY, FL 32746                                |   | - 35E   | 2          | MU |
|                                   |  | City/State and Zip Code   |   | 3: 20      |    |
|                                   | MARCELLE@SIDEDOOI                                  |   | <u></u>   | 20         |    |
| For further information           | E-mail address: ( concerning this matter, please c | to be used for future annual report notification)                     |   |            |    |
| roi futtier information           | concerning this matter, please c                   | aii.  |   |            |    |
| MARCELLE L. TURN                  | NER  | 407 620-4135<br>at ( )  |   |            |    |
| Name                              | of Person  | Area Code Daytime Telepho   | ne Number   |            |    |
| Enclosed is a check for           | the 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 Filin<br>Certificate<br>Certified C<br>(additional co | of Stati   |    |
| Mailing Addr<br>Registration      | <del></del>  | Street Address:<br>Registration Section                               |   |            |    |
| <del>-</del>                      | Corporations                                       | Division of Corporatio  |   |            |    |
| P.O. Box 63                       |  | The Centre of Tallahas  |   | <b>^</b>   |    |
| Tallahassee,                      | FL 32314   | 2415 N. Monroe Street   | ., Suite 810  | )          |    |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| any as it now appears on o<br>Liability Company) | ur records,)   |  |
|--|--|--|
| were filed on NOVEM                              | IBER 15, 2022  | _ and assigned   |
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| pility company here:                             |  |  |
|  |  |  |
| ility Company," the designat                     | tion "LLC" or the abbre  | viation "L.L.C."   |
| (no change)                                      | <u> </u>   | •  |
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| address on our record                            | s, enter the name o  | of the new regi  |
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| City   | , Florida  | Zip Code   |
|  | were filed on NOVEM  bility company here:  lity Company," the designat (no change)  (no change)  address on our record | (no change)  (no c |

## 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

| <u>Title</u> | <u>Name</u> | Address      | Type of Action      |
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| ive date, if other than the date of filing:  | (ontional)                           |
| ive date, if other than the date of filing: ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 If the date inserted in this block does not meet the applicable statutory filing requirem | days after filing.) Pursuant to 605. |
| ent's effective date on the Department of State's records.   | ments, this date with not be liste   |
|  |                                      |
| d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl led.  | lier of: (b) The 90th day after      |
|  |                                      |
| March 20, 2023   |                                      |
|  |                                      |
| Signature of a member or authorized representative of a memb   | NAT.                                 |