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COVER LETTER

Division of Corp			•	
SUBJECT: PREMIN	UMBRANDS LLC. Name of Limit		<u> </u>	
	Name of Limit	ted Liability Company		
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.		
	ndence concerning this matter t			
	MATHEUS LO	Name of Person		
	PREMIUMBRA	Firm/Company		
	9924 UNIVER	SAL BLVO STE 224 Address	PmB112 55	2023 FEB 15
	ORLANDO FO	City/State and Zip Code		<u> </u>
		o & Gmail . Com	ation)	BH -: 57
For further information ed	oncerning this matter, please ca	all:	r 社 下	ഗ ഗ
MATHEUS LOW Name of	Person	at (407) 860 - Area Code Daytime	-5577 Telephone Number	
Enclosed is a check for th	e 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 Centificate of Sta Centified Copy (additional copy is e	atus &
Mailing Address Registration S		Street Address: Registration Sec	tion	

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

PREMIUMBRANDS LLC	
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	irs on our records.)
The Articles of Organization for this Limited Liability Company were filed on	TAWUARY 25, 2023 and assigned
Florida document number <u>L23000045918</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company h	ere:
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	20
(Principal office address MUST BE A STREET ADDRESS)	γ. (: ω
	<u> </u>
	C TO 1:
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	12 S
	,,, 0.
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the name of the new registered
Name of New Registered Agent:	<u></u>
New Registered Office Address:	
Enter Flo	rida street address
	Florida
City New Registered Agent's Signature, if changing Registered Agent:	Zip Code

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

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>	Name	Address	Type of Action
MGR	MATHEUS LOPES RIBEIRO	5027 TIDEVIEW CIR, 37	🖪 Add
		ORLANDO, FL 32819	□Remove
			Clunge
			□Add
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date	(optional) c of filing or more than 90 days after filing.) Pursuant to 605.020
e: If the date inserted in this block does not meet the applicable stument's effective date on the Department of State's records.	tatutory filing requirements, this date will not be listed a
cord specifies a delayed effective date, but not an effective time, at s filed.	12:01 a.m. on the earlier of: (b) The 90th day after th
cd JANUARY 25 . 2023	
Signature of a member or authorized r	representative of a member
Signature of a member or authorized i	representative of a member