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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP		MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

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ro:	Registration Section
	Division of Corporations

BRANDLISH LLC

SUBJECT: ___

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Processing Department

Name of Person

MyCorporation Business Services, Inc.

Firm/Company

26025 Mureau Road Suite 120

Address

Calabasas, CA 91302

City/State and Zip Code

E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

C \$30.00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certified Copy raddmonal copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Taflahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF		
ARTICLES OF C	O DRGANIZATION DF	
		2023 HAY 30 PM 5: 27
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our record Liability Company)	IAIL STEP. FL
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000058445</u> .	were filed on01/31/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	2" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<u></u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	- the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre.	\$\$
		lorida

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.

City

Zip Code

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	LISE WESSEL	BOMANSVIKVEIEN 57	🗆 🖂 🖂 Add
		NESODDEN, XX 1459 NO	Ecmove
			DChange
AMBR	Imani Partners SASU	60 Rue De La Jonquiere	🖬 Add
		Paris France 75017	
			🗆 Add
		<u></u>	□Remove
			□Change
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D. If amending any other information, enter change(s) here	: (Attach additional sheets, if necessary.)
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n cheet	ive date is listed, the date mu the date inserted in this b	ist of specific and		AV MALINE AVE TRUTTING AVE AU	ore than 90 days afte	r filing.) Pursuant to (is data will not be l	505.020 istad a
one: 11 cument	is effective date on the E	Department of SI	ate's records.	and statutory min	g requirements, in	is date will not be i	incu a
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ecord s is filed	pecifies a delayed effecti-	ve date, but not :	an effective fit	ne, at 12:01 a.m.	on the earlier of: (o) The your day a	ner me
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ted	May 25		2023	·			
			MI	<u>~</u> ~			
			•				
	Signature of a member or authorized representative of a member						
	Variation Promotion V Frank						
	Andrew Forson, Memł						
			Typed or printe	d name of signee			