L23000280329

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COVER LETTER

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TO:	Registration Sec Division of Corp		
er (b. 18	RIGHTBRA	AND LLC	
SUBJI	.cr:	Name of Lim	ited Liability Company
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.
Please	return all correspon	ndence concerning this matter	to the following:
		PEDRO JOEL SOSA	
			Name of Person
		RIGHTBRAND LLC	
			Firm/Company
		2403 DEVONWOODE PL	-
			Address
		SEFFNER, FL, 33584-570)5
			City/State and Zip Code
		pjoelsosa@yahoo.com	to be used for future annual report notification)
For fur	ther information co	oncerning this matter, please c	
	O JOEL SOSA		813 650-7 99 4
	Name of	Person	at () Area Code Daytime Telephone Number
Enclose	ed is a check for th	e following amount:	
≡ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

				-
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ART		ORGANIZATI OF	ON 3	101/2
RIGHTBRAND LLC			1.	5 13.
	ted Liability Compa (A Florida Limited)	iny as it now appears (Liability Company)	on our records.)	39
The Articles of Organization for this Limited L	iability Company	were filed on June	9, 2023	and assigned
Florida document number L23000280329	··································			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here	2:	
The new name must be distinguishable and contain the v	vords "Limited Liabi			or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	2403 DEVONWO	ODE PL	
(Principal office address MUST BE A STREET ADDRESS		SEFFNER		···
		FL, 33584-5705		
		2403 DEVONWO	ODE PL	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	ROX)	SEFFNER		
maung address MAT DE AT OUT OF THE	<u>DOM</u>	FL, 33584-5705	·····	
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our rec	ords, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:	PEDRO JOEL	SOSA		
New Registered Office Address:	2403 DEVON	WOODE PL.		
		Enter Florid	a street address	
	SEFFNER	<u> </u>	, Flor	ida 33584-5705
		City		Zip Code
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>	Address	Type of Action
MGR	PEDRO JOEL SOSA	2403 DEVONWOODE PL	■Add
		SEFFNER, FL, 33584-5705	□ Remove
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			□Add
			Remove
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			🗀 Add
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ective date, if other than the d	ate of filing:	is_data_of files	(opt	ional)
te: If the date inserted in this bloc	k does not meet the ap	pplicable statutory	filing requirements, the	is date will not be listed a
tument's effective date on the Dep	artment of State's rec	ords.		
cord specifies a delayed effective	late but not an effect	ive time at 12:01 a	m on the earlier of: ((b) The 90th day after the
s filed.	mie, out not an entett		on the connection (e, me source, unor me
Novambar 3mi	2023			
ed November 3rd	, 2023	·		
D. Willer	(e)			
	gnature of a member or	authorized representa	itive of a member	
/ /	gradure of a mornisch of			