8/2/23, 8:35 AM

Division of Corporations

Florida Department of State

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(((H23000268207 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

•*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:__

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AUG 0 5 2023

K. Brumbley

To: 18506176383 From: 14694451465 Date: 08/03/23 Time: 9:33 PM Page: 02/04

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION S OF

(((H230002682073)))

Mabon The Label LLC				
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited I	Liability Company were filed on 07/	17/2023	and as	signed
his amendment is submitted to amend the following	llowing:			
A. If amending name, <u>enter the new name</u>	of the limited liability company her	<u>re</u> :		
he new name must be distinguishable and contain the	words "Limited Liability Company," the de	signation "LLC" or the	abbreviation "I	L.C."
enter new principal offices address, if appli	icable:			
Principal office address MUST BE A STRE	ET ADDRESS)		<u> </u>	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	<u> </u>			
3. If amending the registered agent and/or sgent and/or the new registered office addre	registered office address on our recess here:	cords, <u>enter the na</u>	ame of the ne	w regist
Name of New Registered Agent:	Michelle Alejandra Bonayo		23 AUG	_
New Registered Office Address:	936 NORTHEAST 191ST STREET	T		
	Enter Floru MIAMI	da strevt address , Florida	三名 R 34792 G	00
	City	Fibrida _	E Top 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

· To: 18506176383 From: 14694451465 Date: 08/03/23 Time: 9:33 PM Page: 03/04

(((H23000268207 3))) 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>Nam e</u>	Address	Type of Action
AMBR	Michelle Alejandra Borrayo	936 NORTHEAST 191ST STREET	🗆 Add
		MIAMI, FL 33179	□Remove
			□ Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
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fective date, if other than the neffective date is listed, the date in this cument's effective date on the	block does not meet t	the applicable statut	iling or more than 90 da ory filing requiremen	ys after filing) Pursuant to its, this date will not be	605,0207 (3)(i listed as the
ecord specifies a delayed effect is filed.	ive date, but not an e	ffective time, at 12.	01 a.m. on the earlie	of. (b) The 90th day a	ifter the
		mB			

Filing Fee: \$25.00

Typed or printed name of signee

Michelle Alejandra Borrayo