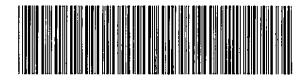
L24000012766

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

TO: Registration Se Division of Cor				
Leadership SUBJECT:	Unfiltered and Unleashed			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Matthew N Gayle			
		Name of Person		-
	Leadership Unfiltered ar	nd Unleashed		
Firm/Company				
6087 Huntington Creek BLVD				
		Address		7000 JAN
	Pensacola, FL 32526			
		City/State and Zip Code		-
	gayle1102@mail.com			- ' ' - '
For further information c	oncerning this matter, please c	to be used for future annual all:	report notification)	. : ;
Matthew Gayle		850 619	9-8616	
Name o	f Person	Area Code	Daytime Telephone Number	r
Enclosed is a check for the	ne following amount:			
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certifica losed) Certified	te of Status &
Mailing Addres		Street Ac		
Registration S Division of C		-	ation Section n of Corporations	
P.O. Box 632	•		ntre of Tallahassee	
Tallahassee I			Monroe Street Suite 9	10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEADERSHIP UNFILTERED AND			
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L24000012766	vility Company	were filed on 04 January, 2024	and assigned
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of th	ne limited liab	ility company here:	
		2U BRANDS LLC.	
The new name must be distinguishable and contain the word	ls "Limited Liabil	ity Company," the designation "LLC" or th	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		SAME AS ON INITIAL FILING	<u> </u>
(Principal office address MUST BE A STREET A	ADDRESS)		22
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) Yı	SAME AS ON INITIAL FILING	AH 11: 23
	<u></u>		
B. If amending the registered agent and/or regi agent and/or the new registered office address b		nddress on our records, enter the r	name of the new registered
Name of New Registered Agent:	SAME AS ON	INITIAL FILING	
New Registered Office Address:		F . 71 . 1	
		Enter Florida street address	
		, Florida	
		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
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			□Remove
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F - Fffective date if other	er than the date of fil	lina:		(onti	ional)	
E. Effective date, if other (If an effective date is listed Note: If the date insert document's effective date.)	ted in this block does no	ot meet the applic	able statutory filia	nore than 90 days afte ng requirements, thi	r filing.) Pursuar is date will not	it to 605,0207 be listed as
(f the record specifies (b) The 90th day afte	a delayed effective er the record is file	e date, but no ed.	t an effective	time, at 12:01	a.m. on the	earlier of
	16 JANUARY	2024				
Dated		•	•			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00