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COVER LETTER

| Division of Corporations | |
|--|--|
| SUBJECT: Bronzed by Brame of L | imited Liability Company |
| The enclosed Articles of Amendment and fee(s) are s | submitted for filing. |
| Please return all correspondence concerning this mate | ter to the following: |
| Brianna | + Daum Costanzo Name of Person |
| B_{i} | ONZALDYBY, Firm/Company |
| _ 2 Shui | nard Ct N Address |
| Homosasca | The 344446 City/State and Zip Code |
| by zedby B E-mail addres | City/State and Zip Code Profficial Openail Com St. (to be used for future annual report notification) |
| For further information concerning this matter, pleas | e call: |
| Dawn Costanzo Name of Person | at (813) 787.0427 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: | |
| □ \$25.00 Filing Fee \$\sim \$30.00 Filing Fee & Certificate of Status | ☐ \$55,00 Filing Fee & ☐ \$60,00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed) |
| Mailing Address: Registration Section | Street Address: Registration Section |

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section

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

FILED

| BronzedbyBri LLC | | | 2025 JUL 16 PM 4:48 |
|--|--|-------------------|---------------------------------|
| (Name of the Limited Liability (A Florida L | Company as it now appears imited Liability Company) | on our records.). | SECRETALL STATE TALLAHASSEE, FL |
| The Articles of Organization for this Limited Liability Cor | | | |
| Florida document number <u>L25006265919</u> | 9 | · | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limite | ed liability company her | <u>re</u> : | |
| The new name must be distinguishable and contain the words "Limite | ed Liability Company," the de | signation "LLC" o | r the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | ···· |
| (Principal office address MUST BE A STREET ADDRE | <u>:SS)</u> | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | . |
| | | | |
| B. If amending the registered agent and/or registered of | office address on our re | cords, enter th | e name of the new register |
| agent and/or the new registered office address here: | | 3 | |
| N. CN. B. C. La | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Flori | da street address | |
| | | Flori | do |
| | Ciţ | Flori | Zip Code |
| New Registered Agent's Signature, if changing Registered . | Agent: | | |
| I hereby accept the appointment as registered agent ar | nd agree to act in this c | apacity. I furth | er agree to comply with th |

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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| Δ | uun Costi | Signature of a me | nber or autho | CONVI | ative of a mer | nber | |

Filing Fee: \$25.00