# 1000058091

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TAREAN SOLET FORM

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# **COVER LETTER**

TO:	Registration Se Division of Cor	ction porations		
SUBJ	ECT:	BRAN	TLEE, LLC	
			ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
			Ralph Garramone	
			Name of Person	
			Firm/Company	
			12998 S. Cleveland Ave.	
			Address	
			Fort Myers, FL 33907 City/State and Zip Code	
		E-mail address: (	to be used for future annual report no	tification)
For fu	orther information c	oncerning this matter, please ca	all:	
Darrell Young			at (800 _) 375-24	153
	Name o	f Person		me Telephone Number
Enclo	sed is a check for th	ne following amount:		
<b>⋝</b> \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRANTLEE, LLC		
( <u>Name of the Limited Liability Company as it now ap</u> (A Florida Limited Liability Company)	pears on our records.)	
The Articles of Organization for this Limited Liability Company were filed on	6/1/2007 and as	signed
Florida document number L07000058091		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company	<u>v here</u> :	
The new name must be distinguishable and contain the words "Limited Liability Company," t	he designation "LLC" or the abbreviation "L	L.C."
Enter new principal offices address, if applicable:	<del></del>	ALL SEC
(Principal office address MUST BE A STREET ADDRESS)	C	A AR
	2,5	
Enter new mailing address, if applicable:		273
	E	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address	on our records, enter the name	of the nev
registered agent and/or the new registered office address here:		
Name of New Registered Agent:		<del></del>
New Registered Office Address:  Enter	Florida street address	<del></del>
	Florido	
City	, Florida 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Ralph Garramone	8660 College Parkway, Suite 100	Add
		Ft. Myers, FL 33919	<b>X</b> Remove
			Change
MGRM	Wraith, LLC	1231 W. Northern Lights Blvd. #911	<b>⊠</b> Add
		Anchorage, AK 99503	Remove
			Change
			☐ Remove
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			Signature of a	member or a	iutnorized re	oresentative of	a member		

Page 3 of 3

Filing Fee: \$25.00