## [0900002026]

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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	Idress)	
	·	
(Cit	ty/State/Zip/Phon	e #)
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PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nai	me) .
· (Do	cument Number)	)
Certified Copies	Certificate	s of Status
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Cassial lasterations to	Cilina Officer	
Special Instructions to	Filing Officer.	
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SEGMETARY OF STATE
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T. CLINE

SEP 28 2009

**EXAMINER** 



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 22, 2009

DA BRANT LLC 6742 FORREST HILL BLVD. #291 WEST PALM BEACH, FL 33413

SUBJECT: DA BRANT LLC Ref. Number: L09000020261

We have received your document for DA BRANT LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II Letter Number: 309A00031021

## **COVER LETTER**

TO:	Registration Section Division of Corporatio	ns					
SUBJEC	<b>TT•</b>	DA B	RANT LLC				
SOBJEC	-1.	Name of Limit	ed Liability Company				
The encl	osed Articles of Amenda	nent and fee(s) are sub	mitted for filing.				
Please re	turn all correspondence	concerning this matter	to the following:				
	John D. Johnston						
			Name of Person				
		J.D.	Johnston & Associa	tes			
			Firm/Company				
6742 Forrest Hill Blvd. # 291							
			Address		<b>⊕</b> 15.	~1	
		Wes	t Palm Beach FL, 33	413		2009 SEP 25	
		higa	City/State and Zip Code kahuna327@yahoo.	com		SEP	•
	<u></u>	E-mail address: (t	o be used for future annual re-	port notification)	S. S	25	T. CASA
For furth	er information concerni	ng this matter, please c	all:			<del>2</del>	COM VON
	John Joh	inston	at (_561_)	307-6180		PM 1: 33	
THE.	Name of Person			& Daytime Telephone Number	r Fried	$\boldsymbol{\omega}$	
Enclose	is a check for the follow	ving amount:					
(additional copy is enclosed) Certified				te of Status			
	MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations	Registration Division of Clifton Bu	f Corporations			

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	DA BRAI	NT LLC			_	
(Name of the Limited L (A F	iability Compar lorida Limited L	ny as it now appear liability Company)	s on our records.)			
The Articles of Organization for this Limited Liab Florida document number L090000202		02/27/2009	and assigned			
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of the	he limited liab	ility company her	<u>e</u> :			
J.D. J	ohnston & A	ssociates LLC				
The new name must be distinguishable and end with to "L.L.C."	the words "Limi	ted Liability Compa	ny," the designation "	LLC" or	he abbre	eviation
Enter new principal offices address, if applicable:		6742 Forrest	Hill Blvd. # 291	· ( ) ( )	20119	
(Principal office address MUST BE A STREET ADDRESS)		West Palm B	each FL, 33413		<u>8</u>	
				20	<del>S</del>	armanan.
				50 T	25	Cardinari
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		6742 Forrest	Hill Blvd. # 291	Lo de	<u> </u>	<u></u>
		West Palm B	each FL, 33413	D. C.	<del></del>	Frank of
				<u>क</u> ्स	ယ္ထ	
B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:  New Registered Office Address:	John D. Joh	e: inston st Hill Blvd. # 29	1		e of th	<u>не пеж</u>
	Enter Florida street address					
	Wes	t Palm Beach	, Florida		413	
		City		Zip (	lode :	
New Registered Agent's Signature, if changing Re	gistered Agent;					
I hereby accept the appointment as registered the provisions of all statutes relative to the proaccept the obligations of my position as registe being filed to merely reflect a change in the recompany has been notified in writing of this change in the recompany has been notified in writing of this change.	pper and comp ered agent as p gistered office	lete performance prov <b>jd</b> ed fø <b>r i</b> n Cl	of my duties, and I Apter 608, F.S. Or	am fami , if this a	liar wit loc <mark>um</mark> ei	th and

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Type of Action **Address** <u>Title</u> Name 1 MGR John D. Johnston 540 D Shady Pine Way ✓ Add Carcenacres FL Remove Jeremy Brantley MGR 3016 30th Lane 🔲 Add ✓ Remove Greenacres FL 33463 ☐ Add Remove ☐ Add Remove | Remove - □Ada Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 15th Dated\_ Signature of a member or authorized representative of a member John D. Johnston Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00