

L10000002080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

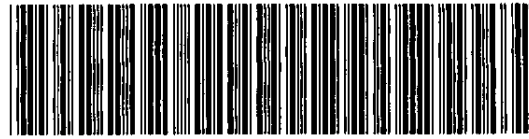
(Business Entity Name)

(Document Number)

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FILED  
12 MAY -7 PM 12:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gulligan MAY -9 2012

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Amanda Spann Holdings, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amanda Spann  
Name of Person

Amanda Spann Holdings, LLC  
Firm/Company

153 W 6th St.  
Address

Jacksonville, FL 32206  
City/State and Zip Code

Spann.amanda@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Spann at (904) 476 8063  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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

FILED  
12 MAY -7 PM 12:56

Amanda Spann Holdings  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on April 26, 2012 and assigned Florida document number L100000280.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Brandspan Consulting, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

153 W 6th St.  
Jacksonville, FL 32206

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8715 1st Ave #616D  
Silver Spring, MD  
20910

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A - The same as before

New Registered Office Address:

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 608, 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 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

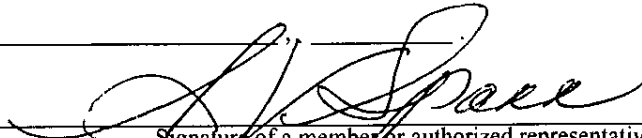
| <u>Title</u> | <u>Name</u>  | <u>Address</u>                                        | <u>Type of Action</u>                                                      |
|--------------|--------------|-------------------------------------------------------|----------------------------------------------------------------------------|
| MGRM         | Amanda Spann | 153 W 6 <sup>th</sup> St<br>Jacksonville, FL<br>32206 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |              |                                                       | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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12 MAY -7 PM 12:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

Amanda V. Spann

Typed or printed name of signee