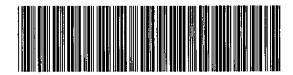
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## **COVER LETTER**

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SUBJECT	<b>♥</b> BRANDS	PAN CONSULTING LLC Na	me Change	
SOBJECT	.•	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ondence concerning this matter	to the following:	
		Amanda V. Spann		
			Name of Person	·· <u> </u>
		BRANDSPAN CONSUL	TING LLC	
			Firm/Company	
		153 W 6th Street		
		Address		
		Jacksonville, Florida 32	206	
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		Spann.amanda@gmail.c		
			to be used for future annual report notif	fication)
For further	information o	concerning this matter, please c	all:	
Amanda	V. Spann		904 476-8003 at ()	
	Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed i	s a check for t	he 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**



15 APR 28 PH 12: 29

### BRANDSPAN CONSULTING LLC

CERTAIN UP TOME (Name of the Limited Liability Company as it now appears on our records,) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 4/25/2015 and assigned
Florida document number L10000002080	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Alchomy LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	153 W 6th Street
Principal office address MUST BE A STREET ADDRESS)	Jacksonville, Florida
	32206
Enter new mailing address, if applicable:	153 W 6th Street
Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, Florida
•	32206
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	
Name of New Registered Agent:	
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address
	Enter Florida street address , Florida City Zip Code

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 = Ms $AMBR = Au$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ffective date is listed, the date must be specific and cannot be prior to date of filing or it. If the date inserted in this block does not meet the applicable statutory filing ment's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective e 90th day after the record is filed.	time, at 12:01 a.m. on the earlier
4/27/2015  Amanda Spann Signature of a member or authorized representative	
Anada Alam	
A manaa XI jiann	

Page 3 of 3

Filing Fee: \$25.00