L1000017753

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Priorie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500196708145

03/07/11--01040--014 **25.00

TILED
SECRETARY OF STATE
FALLAHASSEF FLORE

D. BRUCE

MAR 8 2011

EXAMINER

COVER LETTER

SUBJECT: Branter & Associates LLC Name of Limited Liability Company	
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:	
Panela Dane Grubbs Name of Person	
Branter & Associates Firm/Company	
542 Sumerwood Drive (A.C.	7.807 1843 27:34755
Minneola F2 34715 City/State and Zip Code	manus)
G/8 dne e cf1.//.com F-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	R-7
Pamela Dane Grubbs at (321) 276-4825	PR ST
Name of Person Area Code & Daytime Telephone Number	39 NTE RIDA
Enclosed is a check for the following amount:	
City/State and Zip Code Grade Cf 1.77.00 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Panela Dane Grubbs Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$\frac{\$21}{276-4825}\$ Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$\frac{\$25.00}{255.00}\$ Filing Fee \$\frac{\$55.00}{255.00}\$ Certificate of Status Certified Copy (additional copy is enclosed) Certified (additional copy is enclosed)	ng Fee, e of Status & Copy al copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations

TO:

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**

Branter & Associ	ates, LLC	our records)	
(Name of the Limited Liability Compan (A Florida Limited Li	ability Company)	our records.	
The Articles of Organization for this Limited Liability Company v	were filed on 02	-17-20	and assigned
Florida document number <u>27 - 191 2169</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
- n/a			·
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company,"	the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	nb		量而
(Principal office address MUST BE A STREET ADDRESS)			ASS
			Fig 3 M
	_		FLOR
Enter new mailing address, if applicable:	P.O. Box Minneola	1843	RIGA RIGA
(Mailing address MAY BE A POST OFFICE BOX)	Minneola	FL	34755
		-	
B. If amending the registered agent and/or registered offi	ice address on our	records, <u>ente</u>	r the name of the new
registered agent and/or the new registered office address here	:		
	- 10		
Name of New Registered Agent:	1/4		
New Registered Office Address:	Fnter F	Florida street a	uddress
	City	, Florida _	Zip Code
New Degistered Agent's Signature if changing Degistered Agents			

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 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 **Title Type of Action** Name **Address** Pamela Suc Winchester 17111 Hanna Road Winchester Lutz Fr 33549 MERM Remove ☐ Add Remove Add Remove □Add Remove \prod Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 02-23 2011 Dated_ Signature of a member or authorized representative of a member Dane Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00