1300001672

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(Address)		
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COVER LETTER

TO: Registration Solution of Con			
SUBJECT: Brap	net, LLC		
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Heather Win	ıg	
		Name of Person	
	Brapnet, LL0		
		Firm/Company	
	801 N Fairba	anks Dr.	
		Address	
	Deltona, FL	32725	
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	heather@brapnet	.COM to be used for future annual report notificat	(Sw)
For further information of	concerning this matter, please c	·	
Heather W	_	386 801.980	7
Name o	of Person	Area Code & Daytime To	elephone Number
Enclosed is 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

Brapnet, LLC		
(Name of the Limited (A	Liability Company as it now appears on our Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited L. Florida document number L1300001672	iability Company were filed on 01/03/20	
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	f the limited liability company here:	
The new name must be distinguishable and end wit "L.L.C."	th the words "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
B. If amending the registered agent and/ registered agent and/or the new registered of	·	ords, enter the name of the new
Name of New Registered Agent:	Heather Wing	<u> </u>
New Registered Office Address:	Enter Flori	da street address 1 =
		, Florida
New Registered Agent's Signature, if changing I	City Registered Agent:	ENTATE LORIDA
I hereby accept the appointment as registere the provisions of all statutes relative to the p accept the obligations of my position as regi- being filed to merely reflect a change in the company has been notified in writing of this	proper and complete performance of my d stered agent as provided for in Chapter 6 registered office address, I hereby confirm	uties, and I am familiar with and 108, F.S. Or, if this document is n that the limited liability

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

MGR = Manager MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			Remove	
			Remove	
-			Remove	
			[] Remove	
		······································	- -	
			Add	
			Remove	
			_	
			Add	
			Remove	
			_	
****			Add	
			Remove	

D. M amending any other in	formation, enter change(s) here: (Attach additional sheets, if necessary.)
• .	
	-
Dated June 5	2013
Dated	H Dewley
-	Signature of a member or authorized representative of a member
	Heather Neusby
	Typed or printed name of signee

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Filing Fee: \$25.00