

L13000 138279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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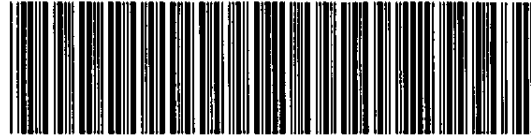
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers OCT 15 2014

TO: Registration Section  
Division of Corporations

SUBJECT: Brontes Canon Online 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:

Richard Witcher  
Name of Person

Brontes Canon Online LLC  
Firm/Company

3505 Lake Lynda Dr Suite 237  
Address

Orlando FL 32817  
City/State and Zip Code

richard@blue-cr  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Witcher at (407) 733-3404  
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 ORGANIZATION  
OF**

Brontes Canon Online LLC

(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 10-1-13 and assigned Florida document number L13000138239.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

N/A

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

Anthony Carter

New Registered Office Address:

12472 Lake Underhill Rd Suite

Enter Florida street address

Orlando

City

Florida

32828

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 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.

Anthony Carter

**If Changing Registered Agent, Signature of New Registered Agent**

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Richard Witcher	3505 Lake Lynda Dr.	<input type="checkbox"/> Add
		Suite 237	<input checked="" type="checkbox"/> Remove
		Orlando FL 32817	
MGR	Anthony Carter	12472 Lake Underhill Rd	<input checked="" type="checkbox"/> Add
		Suite 471	<input type="checkbox"/> Remove
		Orlando FL 32828	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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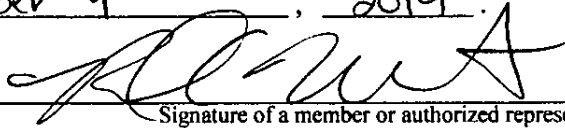
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**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 9, 2014.



Signature of a member or authorized representative of a member

Richard Witcher

Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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