

L15000028743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

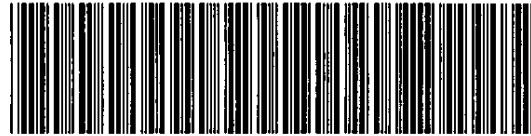
(Document Number)

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03/30/17--01004--003 **7.50

03/02/17--01003--016 **52.50

FILED
SECRETARY OF STATE
17 FEB 27 AM 10:16
DIVISION OF CORPORATIONS

MAR 30 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRANN 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:

MARUS UGO FILARDI
Name of Person

MF CONSULTING LLC
Firm/Company

2425 NE 135th ST, APT. 203
Address

Miami, FL 33181
City/State and Zip Code

MARUS.MFCONSULTING@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARUS L FILARDI at (786) 329 1234
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 7, 2017

MARCUS LEAO FILARDI
MF CONSULTING LLC
2425 NE 135TH ST 203
MIAMI, FL 33181

SUBJECT: BRAMM LLC
Ref. Number: L15000028743

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CLERK OF STATE
DIVISION OF CORPORATIONS
17 FEB 27 AM 10:16

We have received your document for BRAMM LLC and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$7.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 617A00004306

RECEIVED
2017 MAR 27 PM 4:17
TALLAHASSEE, FL 32310

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BRAH 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 FEB 16th, 2015 and assigned Florida document number L15000028743

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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17 FEB 27 AM 10:16
CLERK OF COURT
JACKSONVILLE

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:

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 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 = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BONINO, MIGUEL R	1666 KENNEDY CAUSEWAY	<input type="checkbox"/> Add
		STE 606, North Bay	<input checked="" type="checkbox"/> Remove
		VILLAGE, FL 33.141	<input type="checkbox"/> Change
MGR	POSILLO, MARIA	1666 KENNEDY CAUSEWAY	<input type="checkbox"/> Add
		STE 606, North Bay	<input checked="" type="checkbox"/> Remove
		VILLAGE, FL 33.141	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 27 FEB 97 AM 10:18
 OFFICE OF THE SECRETARY OF STATE
 DIVISION OF CORPORATIONS

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

PARTNERS MIGUEL R. PONZO AND MARIA POSILLO
ARE WITHDRAWING FROM PARTNERSHIP AND ARE
TRANSFERRING THEIR SHARES IN EQUAL PARTS
FOR THE REMAINING PARTNERS: MARIA A.
MUÑO AND ANTONIO BAZZANO AS FOLLOWS:

ANTONIO BAZZANO MANAGER AND REGISTERED
AGENT, 50% OF SHARES

MARIA A MUÑO, MANAGER, 50% OF SHARES


E. Effective date, if other than the date of filing: OCT 1ST 2016 (optional)

(If no effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated x March 10 2017



Signature of a member or authorized representative of a member

ANTONIO BAZZANO

Typed or printed name of signer

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SECRETARY OF STATE
17 FEB 27 AM 10:16