

11/30/2016

From Larson Accounting 1.321.888.4919 Wed Nov 30 09:16:51 2016 MST Page 1 of 5  
Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L16000140063**

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC  
Account Number : I20160000067  
Phone : (407)370-3686  
Fax Number : (407)370-3120

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BRAPE INVESTMENTS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

2016 NOV 30 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 NOV 30 AM 8:15  
DIVISION OF CORPORATIONS

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Electronic Filing Menu

Corporate Filing Menu

**O SIMMONS**  
**DEC 01 2016**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BRAVE INVESTMENTS 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:

CAROL LARSON

Name of Person

LARSON ACCOUNTING AND CONSULTING LLC

Firm/Company

7901 KINGSPORTE PARKWAY, SUITE 17

Address

ORLANDO, FL - 32819

City/State and Zip Code

PRIVATE@LARSONACC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROL LARSON

407 370 3686

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

☐ \$35.00 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/COURTIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifus Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

BRAPE INVESTMENTS 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 08/04/2016 and assigned

Florida document number L16000146063

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**)

7901 KINGSPONTE PARKWAY, SUITE 17

ORLANDO, FL - 32819

Enter new mailing address, if applicable:

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

7901 KINGSPONTE PARKWAY, SUITE 17

ORLANDO, FL - 32819

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:

LARSON ACCOUNTING & CONSULTING SERVICES

New Registered Office Address:

7901 KINGSPONTE PARKWAY, SUITE 17

Enter Florida street address

ORLANDO

City

Florida 32819

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.

x 

If Changing Registered Agent, Signature of New Registered Agent

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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>
_____	_____	_____	<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
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

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OFFICE OF THE COMMISSIONER

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an 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.

(b) The 90th day after the record is filed.

Dated NOVEMBER 28 1966

X Petri  
Signature of a member or authorized representative of a member

X HELIDA BRAGANCA ROSA PETRI  
Typed or printed name of signer