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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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SEGRETARY STATE
TALLAHASSER FLORIDA



October 23, 2017

JOSEPH BRANCA 311 S 2ND STREET, SUITE 102A FORT PIERCE, FL 34950 US

SUBJECT: BRANCA & REED REAL ESTATE, LLC

Ref. Number: L16000188163

We have received your document for BRANCA & REED REAL ESTATE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

Please return the corrected original and one copy of 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) 254-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 917A00021360

COVER LETTER

TO: Registration Sect Division of Corp	tion orations		
SUBJECT: STANC	a & Plea I	Real Estate ted Liability Company	
	mendment and fee(s) are subn		
Please return all correspon	dence concerning this matter t	to the following:	
	Joseph B	vanca_	
	Branca & R	LICA RIGIESTATE Firm/Company	<u>) </u>
	3115 and s	Heet Stute 10a	A
	Fort Pierce	FL 34950 City/State and Zip Code	
	JOE Drancar E-mail address: (to	(LALLS + Q + Q) 9 M Q o be used for future annual report notifica	1. com
For further information cor	ncerning this matter, please ca	II:	
JOSEPH BY	<u>ANCA</u> Person	at (<u>772</u>) <u>370 - 1</u> Area Code Daytime To	910 Elephone 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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on UCTOBE 11, 2016 and assigned Florida document number \angle 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 "LLC." 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) 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

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>	Name	Address	Type of Action
MOR	Shunnyn Leland Read	3113 712 Strat	Add
		Such 102 A	⊠ Remove
		Fort Mercy 12 34950	☐ Change
AHBR	Fack HeeTILES	476 Avenue A	🗆 Add
		Furt Plani, EL 34950	Remove
			Change
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te: If the date inse	rted in this block does not	nd cannot be prior to date of fil meet the applicable statute	ing or more than 90 days ory filing requirements,	alter filing.) Pursuant to 605.020 , this date will not be listed a
cument's effective of	date on the Department of	State's records.	· · ·	
record specifies	s a delayed effective	date, but not an effe	ctive time, at 12:0	01 a.m. on the earlier o
ne 90th day ar	ter the record is filed	•		
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	Signature of a	member or authorized repres	entative of a member	
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Page 3 of 3

Filing Fee: \$25.00