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ECRETARY OF STAT

S Warren

MAY 2 3 2017

COVER LETTER

~ ,			
TO: Registration Sec Division of Corp			,
SUBJECT:	AABRANDT	LLC	
·	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	•
Please return all correspon	ndence concerning this matter t	to the following:	
	DAVI	O KERR	
	HIGHPO	DINT REALTS	<u>)</u>
	<u>413</u> C	LEVELAND 57	.
	CLEARN	JATER FL. 3	<u> 3755</u> <u>TREALTY</u> CORP. COM
	DAVID K E-mail address: (1	ERR A HIGH POIN o be used for future annual report notific	TREALTHCORP. COM
For further information co	oncerning this matter, please ca	ıll:	
DAVIO Name of	KERR Person	at (<u>727</u>) 46 (Area Code Daytime	2 - 6697 Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	M\$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

HHBRAN		
	lity Company as it now appears on our da Limited Liability Company)	,
The Articles of Organization for this Limited Liability Florida document number	Company were filed on <u>DEC</u> な	29/16 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lir</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>(Principal office address MUST BE A STREET ADL</u>	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ecords, <u>enter the name of the ne</u>
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

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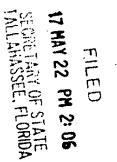
FILED

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SECRETARY OF STATE
TAIL ANASSEE, FLORID

	Authorized Person(s) authorized to man rom our records:	age, enter the title, name, and address of each	person being added
MGR= Ma AMBR= Au	nager athorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	ANATOLY A. BRANDT		EAdd
		331 CLEVELANO ST. #203 CLEARWATER, FL. 33755	☐ Change
AMBR	ALEXEY ANDREEV		- MAdd
·		CLEARWATER, FL. 3375	5 Remove
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igg II III <u>Igg</u> II III	late, if other than the date of filing: 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be I are effective date on the Department of State's records.
ecord ne 90t	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the early after the record is filed.
ed	MAY 10 2017
	V 10/0
	Signature of a member or authorized representative of a member

Page 3 of 3 Filing Fee: \$25.00

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