

L170000-KPM1

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

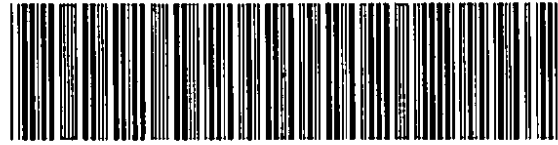
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT  
JAN 10 2018



LAW OFFICES OF  
**JOHN J MCGLYNN III**  
BUSINESS • TAX • REAL ESTATE

729 S.W. Federal Highway, Suite 102  
Stuart, Florida 34994  
(772) 600-5115  
jmcglynn@southflawfirm.com  
www.southflawfirm.com

January 2, 2018

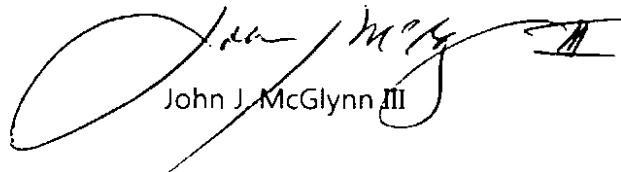
State of Florida  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: Bravoco Realty Group, LLC  
Document No. L17000079747  
Articles of Amendment**

Dear Corporate Representative:

I have enclosed Articles of Amendment for Bravoco Realty Group, LLC together with a check in the amount of \$25.00 to cover the filing fees.

Sincerely yours,



John J. McGlynn III

Enclosures

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BRAVOCO REALTY GROUP, 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:

John J. McGlynn III

Name of Person

Law Offices of John J. McGlynn III, PLLC

Firm/Company

729 S.W. Federal Highway, Suite 102

Address

Stuart, Florida 34994

City/State and Zip Code

jmcglynn@southflawfirm.com

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

For further information concerning this matter, please call:

John McGlynn

Name of Person

at ( 772 )

Area Code

600-5115

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 AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

BRAVOCO REALTY GROUP, 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 April 10, 2017 and assigned  
Florida document number L17000079747.

This amendment is submitted to amend the following:

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

CARISA BRAVOCO, PLLC

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)**

**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:

John J. McGlynn III

New Registered Office Address:

729 S.W. Federal Highway, Suite 102

*Enter Florida street address*

Stuart

*City*

Florida

34994

*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>
_____	_____	_____	<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"/> Change

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**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.

Dated January 1, 2018

Signature of a member or authorized representative

John J. McGlynn III

Signature of a member or authorized representative of a member

John J. McGlynn III

Typed or printed name of signee