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(R	equestor's Name)	
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(C	ity/State/Zip/Phone	#)
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	stration Se ion of Cor			
SUDJECT	Gigante R	ose Ventures, LLC		
SUBJECT: _		Name of Lin	nited Liability Company	
		Amendment and fee(s) are sub	•	
		Suzanne J. Walker, FRP		
			Name of Person	
		Phelps Dunbar LLP		
			Name of Person Firm/Company Suite 1900 Address City/State and Zip Code (to be used for future annual report notification)	
		100 South Ashley Drive, S	Suite 1900	
			Address	
		Tampa, Florida 33602		
			City/State and Zip Code	
		jake@braandy.com	to be used for future annual report notifi	cation)
For further infe	ormation co	oncerning this matter, please c	•	
Suzanne J. Wa	alker		813 472-7553	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a c	heck for th	e following amount:		
■ \$25.00 Fili	ing 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)
	MAILI	NC ADDDESS.	STDEET/COUDIE	PD A DDDESS.

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

Gigante Rose Ventures, LLC		
(Name of the Limited	Liability Company as it now appears on our reco A Florida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Lial Florida document number L17000191668		and assigned
This amendment is submitted to amend the follow		
A. If amending name, <u>enter the new name of t</u>	he limited liability company here:	70
Braandy Sports, LLC		問門
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LI	LC" or the abbreviation "L.L.Q."
Enter new principal offices address, if applical	ole:	# P B
(Principal office address MUST BE A STREET	ADDRESS)	7. 2. 27 OR 7. 27
		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		ds, enter the name of the new
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street addr	
	Emer Fioriaa sireet aaar	
	, F	Florida Zip Code
	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>	Address	Type of Action			
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docum	ent's effective	date on the De	partment of S	State's records.	.c. ,	8			
ne rec The	ord specific 90th day a	es a delayed fter the reco	effective or	date, but no	t an effect	ve time, a	t 12:01 a.r	n. on the ear	lier of:
Dated j	December	6		2017					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00