117000223464

(Requestor's Name)
(Address)
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(Business Entity Name)
(Document Number)
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WA LARRIS

COVER LETTER

Division of Corporations
SUBJECT: Prancy Rocky Strongs 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:
Joseph Brancy
Brance Realty Professionals
6971 Hancack Orive
Port St. Lucie, FL 34952
City/State and Zip Code City/State and Zip Code F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
OSLPh Branca at (772) 882-9583 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) 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



February 27, 2018

JOSEPH BRANCA 6971 HANCOCK DRIVE PORT ST LUCIE, FL 34952

SUBJECT: BRANCA REALTY PROFESSIONAL LLC

Ref. Number: L17000223464

We have received your document for BRANCA REALTY PROFESSIONAL and your check(s) totaling \$25.00. However, the enclosed document has been filed and is being returned for the following correction(s):

Page 3 is missing.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return 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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 418A00003964



www.sunbiz.org

psion of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ranca Reo (Name of the Limited Liab (A Flor	ility Company as it now appears on or ida Limited Liability Company)	er records.)
The Articles of Organization for this Limited Liability		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
	·	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	ORESS)	
		56 5 1
		2 T
Enter new mailing address, if applicable:		C.
Mailing address MAY BE A POST OFFICE BOX		The state of the s
	 	> % &4
B. If amending the registered agent and/or reg	-	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eel address
<u> </u>		, 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

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

Title	Name	<u>Address</u>	Type of Action
AMBI	Nicholas Gentile	1971 Hancock Or. Port St. L	Vale Add
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			Change
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If amending any other				is, if necessary.)	
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Effective date, if other	than the date of fili	ng:		(optional)	
Effective date, if other (If an effective date is listed, the Note: If the date inserted document's effective date	in this block does not	meet the applicable	statutory filing requires	nents, this date will	suant to 605.0207 (I not be listed as th
the record specifies a) The 90th day after	delayed effective the record is filed	date, but not ar i.	n effective time, at	12:01 a.m. on	the earlier of:
Dated Much	1 6	. 2018.			
	·		2	7.	¥: / ≥
	Signature of	a member or authorize	d representative of a mem	ber 35	
	\sum_{ϵ}	Typed or printed no	Marke of signee	# 15 P	3 F
		Page 3 (of 3	CORIDA	9 5

Filing Fee: \$25.00