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2022 JUN 30 AH H: 02

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## **COVER LETTER**

P.O. Box 6327

Tallahassee, FL 32314

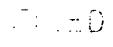
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	oldings LLC		
·	Name of Lim	ited Liability Company	
sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
ırn all correspo	indence concerning this matter	to the following:	
	Donald Brannan		
		Name of Person	
	Brannan Holdings LLC		
		Firm/Company	<del></del>
	424 Luna Bella Ln. #310		
		Address	
	New Smyrna Beach, FL 3	2168	
		City/State and Zip Code	•
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	oncerning this matter, please co		
nan		386 274-8607 at ()	
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) 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)
legistration S	Section	Street Address: Registration S	
	r information conan  Name of Stilling Fee  Registration S	Name of Lim  Sed Articles of Amendment and fee(s) are sub  arn all correspondence concerning this matter  Donald Brannan  Brannan Holdings LLC  424 Luna Bella Ln. #310  New Smyrna Beach. FL 3  skipbrannan54@gmail.com  E-mail address: ( or information concerning this matter, please can  nan  Name of Person  s a check for the following amount:  O Filing Fee	Name of Limited Liability Company  sed Articles of Amendment and fee(s) are submitted for filing.  arn all correspondence concerning this matter to the following:    Donald Brannan

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 JUN 30 AM II: 02

Brannan Holdings LLC The Articles of Organization for this Limited Liability Company were filed on 10-30-2020 Florida document number <u>L20000336275</u> 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 "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: 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.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida

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>	Type of Action
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Filing Fee: \$25.00