

L100000082439 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300218229913

01/17/12--01051--010 **25.00

FILED
12 JAN 17 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JAN 18 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BRICAS 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:

Cecilia Castorani
Name of Person

BRICAS LLC
Firm/Company

8871 Lake Dr Suite G-205
Address

Cape Canaveral / FL / 32920
City/State and Zip Code

bricasllc@gmail.com
E-mail address: (to be used for future annual report notification)

FILED
12 JAN 17 PM 4:36
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Cecilia Castorani at (**407**) **924-6766**
Name of Person Area Code & 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**

BRICAS 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 08/06/2010 and assigned
Florida document number ~~L0000082439~~

L10000082439

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

12 JAN 17 PM 4:30
STATE OF FLORIDA
TALLAHASSEE

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

_____, 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 608, 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

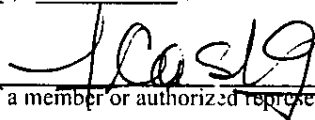
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JIMENA MAQUEZ	Victor Martinez #204 Capital Federal Buenos Aires, Argentina Codigo Postal 1406	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ALEJANDRA SOLEDAD	Victor Martinez #204 Capital Federal Buenos Aires, Argentina Codigo Postal 1406	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	DORA VALENCIA	Calle Monforte #26 Piso 3 Codigo Postal 27003 Lugo, España	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 01/09/2012



Signature of a member or authorized representative of a member

Cecilia Castorani

Typed or printed name of signee

FILED
12 JAN 17 PM 4:36
TALLAHASSEE, FLORIDA