

L18000087671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

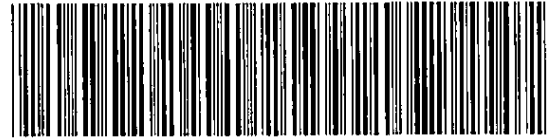
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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ARTICLE  
AND  
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OCT 15 2019

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312  
(850) 656-4724

DATE 10/14/2019

**\*\*WALK IN\*\***

ENTITY NAME BRICK STENO, LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXX  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Plain Copy*  
*Certified Copy*  
*Certificate of Status*

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**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Certified Copy of Arts & Amendments*  
*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$25

CHECK # 6710

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

# COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: BRICK STENO, 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:

GRYSKA SOTOLONGO  
Name of Person  
THOMAS G. SHERMAN, P.A.  
Firm/Company  
90 ALMERIA AVENUE  
Address  
CORAL GABLES, FL 33134  
City/State and Zip Code  
GRYSKA@UNIONTITLESERVICES.COM  
E-mail address: (to be used for future annual report notification)

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ATTORNEY  
AND  
FILED

For further information concerning this matter, please call:

GRYSKA SOTOLONGO at 305 4485898  
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**

BRICK STENO, 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 06, 2018 and assigned Florida document number L18000087671.

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:

605 WEST GLAGLER STREET

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33130

Enter new mailing address, if applicable:

605 WEST FLAGLER STREET

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33130

**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:

THOMAS G. SHERMAN, P.A.

New Registered Office Address:

90 ALMERIA AVENUE

*Enter Florida street address*

CORAL GABLES

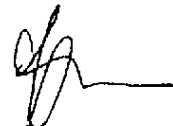
Florida 33134

*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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

2019 OCT 14 9:11  
OFFICE OF THE  
TREASURER  
STATE OF CALIFORNIA

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

Lined area for amending information, currently blank.

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated October 11, 2019.

Signature of a member or authorized representative of a member

Thomas G. Sherman Authorized signatory  
Typed or printed name of signer