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Special Instructions to Fili	ing Officer:	
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COVER LETTER

TO: Registration : Division of C			
SUBJECT: BRICK F	TIVE GROUP LLLP		
Na Na	me of Florida Limited Part	nership or Limited Liabi	lity Limited Partnership
The enclosed Certific	cate of Amendment an	nd fee(s) are submitte	d for filing.
Please return all corr	espondence concernin	g this matter to:	
GRYSKA SOTOLONG	0		
	Contact Person		
THOMAS G. SHERMA	N, P.A.		
	Firm/Company		
90 ALMERIA AVENUI	:		
<u> </u>	Address		
CORAL GABLES, FL 3	3134		
	City, State and Zip Code		
GRYSKA@UNIONTIT	TLESERVICES.COM		
E-mail address: (to	be used for future annual i	report notification)	
For further informati	on concerning this ma	itter, please call:	
GRYSKA SOTOLONG	O	at (305) 448	3-5898
Name of Conta	ct Person		sytime Telephone Number
Enclosed is a check t	for the following amou	unt:	
■ \$52.50 Filing Fee	☐\$61.25 Filing Fee and Certificate of Status	□\$105.00 Filing Fee and Certified Copy	☐\$113.75 Filing Fee, Certified Copy, and Certificate of Status
Mailing Address: Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323		The Centre 2415 N. Me	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

BRICK FIVE GROUP LLEP			
Insert name currently on fi	le with Florida Depa	rtment of State	
Pursuant to the provisions of section 620.1202, F limited liability limited partnership, whose certifi June 23, 2020 adopts the following certificate of amendment to	cate was filed wi rida document ni	th the Florida Department of Sta umber A20000000241	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the l	imited partnershi	p or limited liability limited part	<u>nership</u>
New name must be distinguish	nable and contain an	acceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: B. If amending mailing address and/or princi	Limited Liability Lin	ited Partnership, L.L.L.P. or LLLP.	and/or
principal office address here:	par office addres	20	
New Principal Office Address: (Must be STREET address)		2 P 100	
New Mailing Address: (May be post office box)		SEE STATE	
C. If amending the registered agent and/or registere registered agent and/or the new registered office ad		n our records, enter the name of t	the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	orida 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.

If Changing Registered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
GP	Francisco Rodriguez Melo	605 West Flagler Street Miami, FL 33130	
<u>GP</u>	BRICK ONE, LLC	605 West Flagler Street Miami, Fl. 33130	
			Add 2000 Remote
			□ Add I
			THE SHAPE OF

- E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:
 - ☐ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
 - ☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

F. If amending any other info	ormation, e	enter change(s) here: (Attach a	additional sheets, į	fneces	sary.)
		-:				
Effective date, if other than the da (Effective date cannot be prior to nor mo State.) Note: If the date inserted in this block do	ere than 90 o	days after the da				
be listed as the document's effective date				unements, uns date	WIII IIO	
Signature(s) of a general partne	r or all ge	eneral partne	ers*:			
(*NOTE: Only one current general part removing a "limited liability limited part when adding or removing a "limited liab	nership" ele	ection statement.	Chapter 620, F.S			
Francisco Kodriguez Melo						
Francisco Rodriguez Melo. as Manager of Brick One, LLC			<u> </u>			·· —
as ivalinger or price one, page					2020	
					007	154
					9	(MITCHE
Signature(s) of all new or dissoc	iating ger	neral partnei	r(s), if any:	Some English Fig.	AH II:	
Francisco Kodriguez Melo				ارا ا	08	
Francisco Rodriguez Melo, as Manager of Brick One, LLC						
				400		
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75					