0637

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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Certified Copies Certificates of Status		s of Status
Special Instructions to	Filing Officer	
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COVER LETTER

Div	ision of Corp	orations			
CHRIECT.		ES BRICKELL LEC.			
SUBJECT: Name of Limited Liability Company					
The enclosed	Articles of A	mendment and fec(s) are subn	utted for filing		
Please return	all correspon	dence concerning this matter to	o the following		
		PRATS FERNANDEZ & C	TO PA		
			Name of Person		
		PRATS FERNANDEZ & (79 छ		
			Fuu/Company		
		999 PONCE DELEON BL	VD 8ff; 1110PH		
			Address		
		CORAL GABLES, FL 331	34		
			City/State and Zip Code		
		ADMIN@ PRATSHERNAN			
			obe used for luture annual report notifi	cation)	
For further i	nformation co	ncerning this matter, please ca	II:		
BERENICE PLA-FELICIANO		305 444 (644 a)ar ()			
	Name of	Person	Area Code Davume	Telephone Number	
Embassic	a about for the	e following amount:			
			Carro Citado Con V	☐ \$60.00 Filing Fee.	
\$25,00	Filing Fee	□ \$30,00 Filing Fee & Cenificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section

TO:

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

INVERSIONES BRICKFLL LLC.

company has been notified in writing of this change.

(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 Ob-30-2006 Florida document number 1.060000060372	and assigned
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 "United Unability Company" the designation "LLC" or the ab	observation "L_C"
Enter new principal offices address, if applicable:	. 190
(Principal office address MUST BE A STREET ADDRESS)	2019 OCT
	57
	3
Enter new mailing address, if applicable:	بي ب
(Mailing address MAY BE A POST OFFICE BOX)	- ω
and the same of th	
B. If amending the registered agent and/or registered office address on our records, enter registered agent and/or the new registered office address here: Name of New Registered Agent:	the name of the new
New Registered Office Address:	
New Registered Office Address. Enter Florida street address	714
, Florida	
	Zsp 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 ag- provisions of all statutes relative to the proper and complete performance of my duties, and I am J	ree to comply with the amiliar with and

If Changing Registered Agent, Signature of New Registered Agent

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

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	<u>Name</u>	Address	Type of Action
MGR	Sabogal, Augela M	45 Ivan Allen Jr. Blyd, NW Umt 2203	Add
		Atlanta, GA 30308	☐ Remove
			☐ Change
MGRM	Arbeliez Echeverry, Juan Carlos	45 Ivan Allen Jr Boulevard 2203	
		Atlanta, GA 30308	■ Remove
			☐ Change
MGRM	Marino-Austizabal, Claudia I.	45 Ivan Allen Jr Bolulevard 2203	
		Atlania, GA 30308	■ Remove
			☐ Clunge
			□ Remove
			Change
			□ Add
			□ Remove
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fective date, if other in effective date is listed, the ote: If the date inserted ocument's effective date	he date must be specific n I in this block does not	nd cannot be prior to t meet the applicab	date of filing or more that le statutory filing requ	(optional) n 90 days after filing.) Po irements, this date wil	rsuunt to 605,020° Enot be Fisted as
record specifies a The 90th day after			an effective time,	at 12:01 a.m. on	the earlier o
September 6	Λ	2019	· · ·		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00