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SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: <u>Bes</u>	t of Bricks, L	JC	<b>1</b> 157
		ited Liability Company	甚
m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			<u> </u>
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	<b>1 1 1 1 1 1 1 1 1 1</b>
Please return all correspon	ndence concerning this matter	to the following:	THAY 31 AMO: 24
	Roberta	Maia Percira Name of Person	
	Best of	F Bricks, LLC	
	7143	Somersworth Dr	-
	<u>Orlan</u>	do, FL 32836 City/State and Zip Code	
	E-mail address: (t	stances a grail. To be used for future annual eport notifica	Com
For further information co	oncerning this matter, please c	all:	
Roberta V Name of	Maja Perciro Person	at (401) 277 63 Area Code & Daytime T	643 Celephone Number
Enclosed is a check for the	e 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)
Registra Division P.O. Box	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Cente	ons

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Bricks, LLC	our records.)
(A Florida (A Florida )	lity Company as it now appears on la Limited Liability Company)	bur records.
The Articles of Organization for this Limited Liability	Company were filed on 10 13	2009 and assigned
Florida document number <u>L0900098727</u>	·	
This amendment is submitted to amend the following	:	
A. If amending name, <u>enter the new name of the l</u>	mited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," t	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regressered agent and/or the new registered office a		ecords, enter the name of the new
Name of New Registered Agent:		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
New Registered Office Address:	Enter Fl	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 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>	Address	Type of Action
<u> 19</u>	Gilberto C Vieira	7143 Somersworth Dr. Orlando, FL 32835	Add Remove
mgr_	Frederico Vieira	7143 Somersworth Dr. Orlando, FL 32835	Add Remove
	<del></del>		Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
D. If amer	nding any other information, enter chan	nge(s) here: (Attach additional sheets, if necessary.	)
_			
Dated	Palastal	or authorized representative of a member	
	_	. Maia Perciva ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00