

L10000084749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

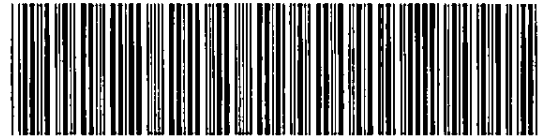
(Business Entity Name)

(Document Number)

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K. SALY
SEP 26 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New Brick Pavers 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:

Rogério Iamía
Name of Person
New Brick Pavers LLC
Firm/Company
8001 Aspencrest CT
Address
Orlando FL 32835
City/State and Zip Code
newbrickpavers@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rogério Iamía at (407) 6945525
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**

New Brick Pavers LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2017 SEP 25 PM 3:47
CLERK OF CIRCUIT COURT
DALLAS COUNTY, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/20/17 and assigned Florida document number L10000084749.

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: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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 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>
AMBR	Fernando Almeida	3224 Dante Dr #107	<input checked="" type="checkbox"/> Add
		Orlando FL 32835	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Eduardo NABUT	8001 Aspencrest Ct	<input type="checkbox"/> Add
		Orlando FL 32835	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 11/11/11 BY 60322 UCBAW

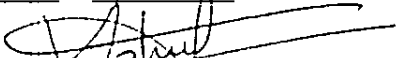
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

09/20 2017



Signature of a member or authorized representative of a member

Rogerio K lamia

Typed or printed name of signee