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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Your 4 Bricks Investment, 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:

Martin I Melich
Name of Person
Your 4 Bricks Investment, LLC
Firm/Company
838 Brightwater Circle
Address
Maitland, Fl 32751
City/State and Zip Code
mmelichp@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martin Melich

_{.,}561 \2890858

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

Your 4 Bricks Investment, 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 July 16, 2012 and assigned Florida document number L12000091918 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 7901 Kingspointe Parkway Enter new principal offices address, if applicable: Suite 19, # 06 (Principal office address MUST BE A STREET ADDRESS) Orlando, FI 32819 838 Brightwater Circle Enter new mailing address, if applicable: Maitland, FI 32751 (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

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

Florida

Authorized Member being added or removed from our records: 'MGR = Manager AMBR = Authorized Member <u>Title</u> Name | <u>Address</u> **Type of Action** □ Add ☐ Remove □ Add ☐ Remove ☐ Remove ☐ Remove □ Add ☐ Remove

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or

fective date must be specific, cannot be prior to date of receipt or filed date and ate this document is filed by the Florida Department of State)	(optional d cannot be more than 90 days after
ffective date must be specific, cannot be prior to date of receipt or filed date and ate this document is filed by the Florida Department of State) d	l cannot be more than 90 days after
ctive date, if other than the date of filing: effective date must be specific, cannot be prior to date of receipt or filed date and date this document is filed by the Florida Department of State) ed Martin Melich Signature of a member or authorized representation.	l cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STAN