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(R	requestor's Name)	
(A	ddress)	
(A	ddress)	
(C	City/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Nar	me)
(C	Oocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	o Filing Officer:	
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COVER LETTER

TO:	Registration Section Division of Corporation	
CHRI	BRICK'S	

Name of Limited Liability Company

TRADING LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JONATHAN ASERRAF Name of Person

Firm/Company

7950 NW 53RD STREET, SUITE 337

Address

MIAMI, FLORIDA 33166

City/State and Zip Code

JA@OFFIXSOLUTIONS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JONATHAN ASERRAF

_,305 \799-1576

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

BRICK'S TRADING LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L	iability Company	were filed on 10/02/2013	and assigned
Florida document number L13000139242	······································		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
First Collections LLC			
The new name must be distinguishable and end with the	words "Limited Liab	oility Company," the designation "LLC" or the	
Enter new principal offices address, if applic	able:	8322 NW 68 Street	
Principal office address MUST BE A STREE	ET ADDRESS)	MIAMI, FLORIDA 33166	DCT III
			<u> </u>
			第9 2 [7]
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8322 NW 68 Street	58 F 1
		MIAMI, FLORIDA 33166	是清 2
		WA-1	<u> </u>
B. If amending the registered agent and registered agent and/or the new registered or	· ·		er the name of the new
		_	
Name of New Registered Agent:	GONZALEZ MARCANO, RAFAELANGEL		
New Registered Office Address:	8322 NW 6	8 Street	
	Enter Florida street address		
	MIAMI	, Florida _	33166
		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.

RATACIAN SCI GONTAICZ

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	GONZALEZ MARCANO, RAFAELANGEL	7950 NW 53RD STREET SUITE 33	7 _□ Add
		MIAMI, FL 33166	Remove
MGRM ABREU DE GONZALE	ABREU DE GONZALEZ, SOL ARIANA	7950 NW 53RD STREET SUITE 337	 7 □ Add
	•	MIAMI, FL 33166	■ Remove
MGRM GONZALEZ MARCANO, RAFAELANO	GONZALEZ MARCANO, RAFAELANGEL	8322 NW 68 Street	 ■ Add
		MIAMI, FL 33166	□ Remove
MGRM ABREU DE GONZALEZ, SOL ARIANA	ABREU DE GONZALEZ, SOL ARIANA	8322 NW 68 Street	 _■ Add
		MIAMI, FL 33166	☐ Remove
			0CT -3 3
			Remove
			-
			_□ Add _□ Remove

D. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
• (CHANGE ALL ADDRESSES TO:
	8322 NW 68 Street
_	MIAMI, FLORIDA 33166
_	
(The effe	ive date, if other than the date of filing: (optional) certive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
Dated	SEPTEMBER 30TH 2014
	RAFACIANOCI GONZALEZ
	Signature of a member or authorized representative of a member
	D. E. E. L. ANIOEL OONIZALEZ
	RAFAELANGEL GONZALEZ

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Filing Fee: \$25.00

