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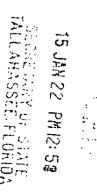
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COVER LETTER

	gistration Se vision of Cor			
CUBICCE	Brytrex, I	LLC, a Florida limited li	iability company	
SUBJECT		Name of Lin	nited Liability Company	
The enclose	d Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Dunçan M. Black		
	,		Name of Person	······································
		Duncan Black & Ass	sociates, PLC	
			Firm/Company	
		8229 Boone Boulev	ard., Suite 630	
			Address	
		Vienna, VA 22182		
		and the second	City/State and Zip Code	
		dblack@dbalawfirm.e	COM to be used for future annual report notifica	lion)
For further i	nformation co	ncerning this matter, please ca	·	····
Duncan I	M. Black		703 424-7710	
	Nume of	Person	at ()	elephone Number
Enclosed is a	a check for the	e following amount:		
\$ 25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (tadditional 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

Brytrex, LLC		·····
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) oility Company)	
The Articles of Organization for this Limited Liability Company wo	ere filed on March 27, 2014	and assigned
lorida document number L1400050515		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liabilit	y company here:	
he new name must be distinguishable and end with the words "Limited Liabilit	y Company," the designation "LLC" or	the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered office egistered agent and/or the new registered office address here:	e address on our records, en	ter the name of the
epistered agent and/or the new registered office address here.		Σ_{-}^{i}
Name of New Registered Agent:		F 5
Name of New Registered Agent.		11 12 12 12 12 12 12 12 12 12 12 12 12 1
New Registered Office Address:	Enter Florida street address	(S) (S)
•	. Florida	r - Zip. Gode
ew Registered Agent's Signature, if changing Registered Agent:	- m	S 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
hereby accept the appointment as registered agent and agree rovisions of all statutes relative to the proper and complete pe ccept the obligations of my position as registered agent as pro	rformance of my duties, and I	am familiar with and

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

Title	Name	Address	Type of Action
MGR	MGD Silverpeak, LLC	8405 Greensboro Drive, Suite P-130	Add
		McLean, VA 22102	Remove
MGR	Bryton Homes at Key West	8405 Greensboro Drive, Suite P-130	[] Add
		McLean, VA 22102	Remove
			D Add
			C Remove
	•		
			D Add
			Remove
		A HASSE	
***************************************		FLONDA	Add N DBemove
			_
			_D Add
			Remove

•	
<u> </u>	
Effective date, if other than the d	ate of filing:(optional) be prior to date of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Flori	
the date this document is filed by the Flori	
the date this document is filed by the Flori Dated	du Depurtment of State) 2015
Dated January 9	gnature of a member or authorized representative of a member
Dated January 9	du Depurtment of State) 2015

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Filing Fee: \$25.00

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