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(((H23000421756 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GILMAN CIOCIA INC.

Account Number : I20120000051

Phone

: (305)937-7773

Fax Number

: (815)301-2897

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BRICK 27 LLC**

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DEC 15 5053 qlaH T. LEMIEUX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRICK 27 LLC			
(Name of the Limited Liability (A Florida	Company as it now appears an Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Co lorida document number L14000176665	mpany were filed on NOVE	MBER 13, 2014	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:	-	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the design	nation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:		··	· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STREET ADDRE	<u></u>		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX			
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Admiss.	Enter Florida s	reet address	
		, Florida	
	City		Zip Code
iew Registered Agent's Signature, if changing Registered	Agent:		
hereby accept the appointment as registered agent are provisions of all statutes relative to the proper and concept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my c ent as provided for in Chap	duties, and I am fam iter 605, F.S. Or, if t	iiliar with and this document is
	If Changing Registered Agent, S	Genature of New Registe	
			P# 2:
			1.5

If aniending 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

Title	<u>Name</u>	Address	Type of Action
MGR	ORNA HOFTMAN	5551 WEST 6TH STREET APT 3313	DAdd
		LOS ANGELES CA 90036	≅Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
			□Change
			🗆 Add
			🗆 Remove
			☐ Change
			□Adá
			□Remove
			Change
			🖸 Add
			□ Remove
			□ Change

Effective date, if other than the date of filing: (optional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.022 Note: If the date inserted in this block does not meet the applicable structory filing requirements, this date will not be listed document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed. NOVEMBER 30, 2023 Dated NOVEMBER 30, 2023 Signature of a member or authorized representative of a member		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed. Dated NOVEMBER 30, 2023		
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Signature of a member or authorized representative of a member		
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