

# L150000018513

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 26 2015  
T. HAMPTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BRICKLINE, 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:

DAVID W. GRIFFIN

\_\_\_\_\_  
Name of Person

DAVID W. GRIFFIN, PA

\_\_\_\_\_  
Firm/Company

565 S. DUNCAN AVENUE

\_\_\_\_\_  
Address

CLEARWATER, FL 33756

\_\_\_\_\_  
City/State and Zip Code

HONEST.LAWYER@DAVIDWGRIFFIN.NET

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

For further information concerning this matter, please call:

DAVID W. GRIFFIN

727

466-6900

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

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

LAW OFFICES OF  
**DAVID W. GRIFFIN, P.A.**  
ATTORNEY AND COUNSELOR AT LAW  
www.davidwgriffin.net  
honest.lawyer@davidwgriffin.net  
THE TOWN CENTRE  
565 SOUTH DUNCAN AVENUE  
CLEARWATER, FLORIDA  
33756

TELE (727) 466-6900

FAX (727) 466-9777

March 2, 2015

Florida Department of State  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: BRICKLINE, LLC  
ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Dear Sir or Madam:

Enclosed herewith for filing is the Articles of Amendment of Articles of Organization for the above-referenced Florida LLC. Also enclosed is a check in the amount of \$25.00 for the filing fee.

Please return the letter of acknowledgment to our office in the enclosed envelope. Thank you for your assistance in this regard. Please call if you need additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "David W. Griffin", written in a cursive style.

DAVID W. GRIFFIN

ljj/enc.

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**BRICKLINE, 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 01/30/2015 and assigned  
Florida document number L15000018513.

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."

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)

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TALLAHASSEE, FLORIDA

**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:

ROLAND MOLDOVAN

New Registered Office Address:

4735 WESSEX WAY

Enter Florida street address

LAND O LAKES,

City

, Florida 33756

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.*

**X**

**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>	<u>Type of Action</u>
MGR	MIHAI E. BALOG	840 MEYERSVILLE RD	<input checked="" type="checkbox"/> Add
		GILLETTE, NJ 07933	<input type="checkbox"/> Remove
MGR	BALOG E. MIHAI	840 MEYERSVILLE RD	<input type="checkbox"/> Add
		GILLETTE, NJ 07933	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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TALLAHASSEE FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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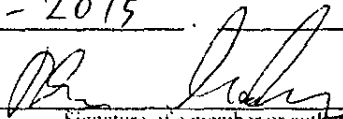
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot 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 Florida Department of State)

Dated 02-25-2015

X



Signature of a member or authorized representative of a member

ROLAND MOLDOVAN

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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