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## COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

### VESA BRICKS, 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:

#### MIGUEL DE LA VEGA

Name of Person

VESA BRICKS, LLC.

Firm/Company

#### 9610 TOWN PARC CIR N

Address

PARKLAND, FL 33076

City/State and Zip Code

vesabricksllc@gmail.com

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

For further information concerning this matter, please call:

#### MIGUEL DE LA VEGA

\_<sub>at (</sub>954<sub>)</sub>850-2108

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

VESA BRICKS, LLC.

company has been notified in writing of this change.

( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	1	
The Articles of Organization for this Limited Liability Florida document number <u>L15000098898</u>	Company were filed on 06/05/2015	and as	ssigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:		
The new name must be distinguishable and end with the w"L.L.C."	words "Limited Liability Company," the designation	\ <u>.</u>	abbreviation
Enter new principal offices address, if applicable:		3 - 75 / 75 / 77 f f	
(Principal office address MUST BE A STREET AD	DRESS)	S. Y.	ω <u>,</u>
		m	
	•	1	
Enter new mailing address, if applicable:			က် က
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
B. If amending the registered agent and/or regregistered agent and/or the new registered office a		er the name	of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street	'address	
	. Florida	a	
***************************************	Ciţy	Zip Co	de
New Registered Agent's Signature, if changing Registe	ered Agent:		

If Changing Registered Agent, Signature of New 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 60% 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

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

MGR = Manager MGRM = Managing Member

<u> Title</u>	Name	Address	Type of Action
MGRM	DE LA VEGA, MIGUEL	9610 TOWN PARC CIR I	Add Add
		PARKLAND, FL 3307	
			Add
			Remove
***************************************	WHI BOOK OLD LINE WHEN THE WAS AN INCIDENCE AND AN AREA OF THE WAS A CONTROL OF THE WAS A CON		Add
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lf amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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., A	UGUST 28, 2015 2014
:a <u></u>	
	Signature of a member of authorized representative of a member
	MIGUEL DE LA VEGA
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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