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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A.Y. J Brick Payers 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:
Ana C Maimoni
Name of Person
Firm/Company
1553 Oak Park Ave
Sarasota Pl 34237 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cina C Mai moni at (941) 321-1430 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Box \$\Bigcup \$55.00 Filing Fee & Box \$\Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$\Bi
(additional copy is enclosed) 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

Enter new principal offices address, if applicable:		
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Enter new mailing address, if applicable:		<u>₽</u> (32 2) 24 - (1)
Mailing address MAY BE A POST OFFICE BOX)		
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egistered agent and/or the new registered office addres		enter the name of the n
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egistered agent and/or the new registered office address Name of New Registered Agent:		enter the name of the r
B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	ss here:	enter the name of the r
Name of New Registered Agent:		

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00