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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Birlekless L1 C. Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alicia File
Name of Person
Brickless, LLC
Firm Company
i titi company
26019 S. Dirie Hwy
Address
City State and Zip Code
City/State and Zip Code
och 6 min this is a
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alicia Ak Name of Person at $(\underline{\neg F}_{6})$ <u>UOI - ZIX</u> 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

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(<u>Name of the Limited Liability (</u> (A Florida Lia	Company as it now appears on our records mited Liability Company)	<u></u>)
The Articles of Organization for this Limited Liability Com Florida document number <u>L16000195099</u> . This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited</u>	<u>d liability company here</u> :	
The new name must be distinguishable and contain the words "Limited	16	or the observement of C
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES)	NIA	です me aborevtation 1.1
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	NIA	
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		, enter the name of the new
Name of New Registered Agent:	NIA.	
New Registered Office Address:	Enter Florida street address	
		rida Zıp Code
	Ciţy	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. Thereby 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</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>v P</u>	belgado, MARCELO	26019 5 bills Hwy	🗆 Add
		Klipmi, FL 35032	
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		<u> </u>	Remove
			Change
			Add
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			Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If 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 record is filed.

Dated .	11/30/2018
	Signature of a member or authorized representative of a member
	Nelson Delgado

Page 3 of 3

Filing Fee: \$25.00