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Amend

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COVER LETTER

	egistration Sec ivision of Cor				
CUBICT		BRICK HOMES LLC			
SUBJECT	:	Name of Lim	ited Liability Company		
The enclose	ed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please retu	rn all correspon	ndence concerning this matter	to the following:		
		MITCHELL KATZ			
Name of Person FREUND KATZ GOLDSTON & YOUNG CO PA					
		210 N UNIVERSITY DRI	Firm/Company VE. #302		
Address CORAL SPRINGS, FL 33071					
	City/State and Zip Code MKATZ@TAX-DOCTOR.NET				
	E-mail address: (to be used for future annual report notification)				
For further	information co	oncerning this matter, please ca	all:		
MITCHEL	L KATZ		954 345-8666 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is	a check for th	e 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

TO ARTICLES OF OF OF	RGANIZATION	ords.)
ORANGE BRICK HOMES LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our rec bility Company)	ords.)
The Articles of Organization for this Limited Liability Company w	ere filed on 3/17/2017	and assigned
Florida document number L17000062400		~
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "I	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)		
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ce address on our reco	ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
		Florida
	City	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	KENAN SENGUL	210 N UNIVERISTY DR, #302 CORAL SPRINGS, FL 33071	
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			Add
			☐ Remove
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(If an ef Note:	tive date, if other than the Tective date is listed, the date in If the date inserted in this ment's effective date on the	ust be specific and cannot block does not meet the	t be prior to date of e applicable statt	filing or more than 90 attory filing requires	(optional) Odays after filing.) Pur ments, this date will	suant to 605.0207 (3 not be fisted as th
	cord specifies a delaye e 90th day after the re		but not an eff	fective time, at	12:01 a.m. on	the earlier of:
Dated	NOVEMBER 13	2014	9			
	V Grug	Signature of a member	r or authorized rep	resentative of a mem	ber	
	GURKAN SENGUL					

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Filing Fee: \$25.00