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COVER LETTER

TO: '		stration Section of Corpo		ř		-
SUBJEC		WAREHOUS	SE CONCEPTS LLC			
			Name of Limit	led Liability Company		
The encl	losed /	Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please re	etum a	II correspond	lence concerning this matter t	o the following:		
			Nancy Mayer			
	Name of Person					-
				Firm/Company	······································	_
	7100 Sunshine Skyway Lane S #405					
				Address		_
			St. Petersburg, FL 33711			
				City/State and Zip Code		-
			info@brickstreetclay.com			
			E-mail address: (to	be used for future annual re	port notification)	
For furth	ner info	ormation con	cerning this matter, please cal	11:		
Nancy M	Mayer			727 224- at ()	-1057	
Name of Person			erson	Area Code	Daytime Telephone Number	т Т
Enclosed	l is a c	heck for the	following amount:			
\$25.0	00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certifica sed) Certified	ate of Status &

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

WAREHOUSE CONCEPTS LLC			
(Name of the Limi	ted Liability Company a (A Florida Limited Liabi	s it now appears on our records. hty Company))
The Articles of Organization for this Limited L	iability Company wer	re filed on 06/21/2017	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	of the limited liability	company here:	
The new name must be distinguishable and contain the v	words "Limited Liability C	ompany," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREE	E <u>T ADDRESS)</u>	·	·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE			
B. If amending the registered agent and registered agent and/or the new registered or		address on our records,	enter the name of the
			1
Name of New Registered Agent:	Nancy S. Mayer		
New Registered Office Address:	7100 Sunshine Skyv	way Lane S. #405	
	St. Petersburg	Enter Florida street address	ida ³³⁷¹¹

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Nicholas Toebaas	2418 2nd Ave South	
		St. Petersburg, FL 33712	■ Remove
			☐ Change
			□ Add
			□ Remove
·		· · · · · · · · · · · · · · · · · · ·	Change
			
-			Remove
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			(options	d)
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ective date, if other than the of effective date is listed, the date must te: If the date inserted in this bloomment's effective date on the Department's	ck does not meet the app	licable statutory filing	e than 90 days after film requirements, this da	te will not be liste
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Filing Fee: \$25.00