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(Re	questor's Name)	
(Add	dress)	· .
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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R. WHITE APR 2.4 200

COVER LETTER

Division of Cor	rporations	•	
SUBJECT: TAMPA B	RICK PAVERS LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ALEXANDRE FERRAZ		<u> </u>
		Name of Person	
	TAMPA BRICK PAVERS LLC	<u> </u>	
		Firm/Company	
	9925 MONTAGUE ST		
		Address	
	TAMPA, FL, 33626		
		City/State and Zip Code	
		ABRICK.COM	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	ali:	
ALEXANDRE FERRA	Z	at (813) 326-1288	
	of Person		e Telephone Number
Enclosed is a check for t	he following amount:		
	_		
□ \$25.00 Filing Fee	(X) \$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:

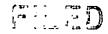
TO:

Registration Section

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



of Organization for this Limited Liability Company were filed on January 11, 2018 and assigned Florid

The Articles of Organization for this Limited Liability Company were filed on <u>January 11, 2018</u> and assigned Florida document number <u>L18000010503</u>

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

he new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADD	DRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX	
3. If amending the registered agent and/or register	red office address on our records, enter the name of the new
egistered agent and/or the new registered office add	uress here:
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address:	Enter Florida street address
New Registered Office Address:	Enter Florida street address , 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>	Address	Type of Action
MGR	DANIEL SOARES	14428 MIRABELLE VISTA CIRC	
		TAMPA, FL 33626	XRemove
			Change
			Remove
			☐ Change
			Add
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		auul	orized representative		.

Page 3 of 3

Filing Fee: \$25.00