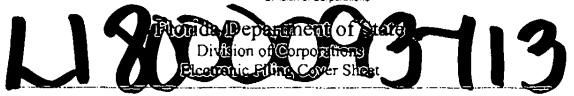
9/4/2019

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ITAX GROUP, LLC Account Number : 120140000115 Phone : (813)882-8426 Fax Number : (813)884-0263

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BROTHERS BRICK PAVERS LLC**

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COVER LETTER

	legistration Sec Division of Corp					
eup usca		S BRICK PAVERS LLC				
SUBJECT	r;	Name of Limit	ed Liability Company			
The enclos	sed Articles of A	Amendment and fee(s) are subn	nitted for filing.			
		ndence concerning this matter t				
		CALIXTO, GABRIEL A				
			Name of Person			
		BROTHERS BRICK PAVI	ERS LLC		•	
		6509 86TH AVE N	Fim/Company		2019 SEP	
			Address	 :,	写 -	
		PINEULAS PARK, FL 337	82		വ	
		gabriel.calixto2018@outloo		- ·	PH 4: 3	
			o be used for future unnual report notific	ration)	. <u>22</u>	
		oncerning this matter, please ca				
GABRIE	L A CALIXTO		727 4016017 Area Code Daytime	Telephone Number	-	
	Name o	f Person	Area code Daytine	retephone transcr		
Enclosed	is a check for th	he following amount:				
□ \$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Securificate of S Certificate of S Certified Copy (additional copy is	tatus &	
		ING ADDRESS:	STREET/COURIF Registration Section			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company florida document number	were filed on 04/13/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6468 82ND AVE	201
(Principal office address MUST BE A STREET ADDRESS)	PINELLAS PARK - FLORIDA	- 9 <u>S</u>
	33781	<u> </u>
		5
Enter new mailing address, if applicable:	6468 82ND AVE	
Mailing address MAY BE A POST OFFICE BOX)	NELLAS PARK - FLORIDA	- <u>r</u>
maning address man party was best and	33781	· 35

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>	Name	Address	Type of Action
AMBR	JOSSEIR GERONIMO CALIXTO	6468 82ND AVE	= ∧dd
	<u> </u>	PINELLAS PARK, FL 33781	<u> </u>
			Remove
			Change
AMBR	WELLINGTON FERREIRA-DE ABRANGES	6468 82ND AVE	
	ABRANGES		Add
		PINELLAS PARK, FL 33781	
			Remove
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f amending any other information, enter	change(s) here: (Attach additions	al sheets, if necessary.)	
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Effective date, if other than the date of fill If an effective date is listed, the date must be specific:	ing:	optional)	ant to 605 02
Note: If the date inserted in this block does no	of meet the applicable statutory filing	requirements, this date will n	of be listed:
document's effective date on the Department of	of State's records.		
he record specifies a delayed effective The 90th day after the record is file	e date, but not an effective tir d.	me, at 12:01 a.m. on th	ie earlier
DatedO9/04 Calcil manis (alcil	2019		
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Page 3 of 3

Typed or printed name of signee

GABRIEL A CALIXTO

Filing Fee: \$25.00