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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.

Email Address: gabriel.calixto-2018@outlook.com

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APPROVED
FILED

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

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Page Count	01
Estimated Charge	\$25.00

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SEP 06 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BROTHERS BRICK PAVERS LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

CALIXTO, GABRIEL A

Name of Person

BROTHERS BRICK PAVERS LLC

Firm/Company

6509 86TH AVE N

Address

PINEELLAS PARK, FL 33782

City/State and Zip Code

gabriel.calixto2018@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GABRIEL A CALIXTO

727 4016017
at ()

Name of Person

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BROTHERS BRICK PAVERS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/13/2018 and assigned
Florida document number L18000093713

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited 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 ADDRESS**)

6468 82ND AVE

PINELLAS PARK - FLORIDA

33781

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

6468 82ND AVE

NELLAS PARK - FLORIDA

33781

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

Effective date, if other than the date of filing: _____ (Optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 09/04 2019

Gabriel Antonio Calixto
Signature of a

Signature of a member or authorized representative of a member

GABRIEL A CALIXTO

Typed or printed name of signee