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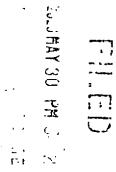
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COVER LETTER

TO: Re Di	gistration Sec vision of Corp	ction - ' " porations		
ÈLID IEZT.	Brick City V	/inyl		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing	
		idence concerning this matter	_	
riease retui	n an correspor	idence concerning this matter	to the following.	
		Justin Null		
			Name of Person	
		Brick City Vinyl		
			Firm/Company	
		42 Guava Trak		
		-	Address	
		Ocklawaha, FL 32179		
			City/State and Zip Code	
		justinnullexp@gmail.com E-mail address: (to be used for future annual report no	stification)
For further	information co	oncerning this matter, please ca	·	,
Justin Null			352 206-7021	
	Name of	Person	at (me Telephone Number
	r-datic of	Terson	Area Code Dayu.	ine receptore number
Enclosed is	a check for the	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)
<u>M</u> :	ailing Address	<u>:</u>	Street Address:	
Re	gistration S	ection	Registration S	ection
D:	vision of Co	rmoratione	Division of Co	reportions

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brick City Vinyl					
(<u>Name of the Limf</u>	ed Liability Compa (A Florida Limited I	ny as it now appears on our liability Company)	records.)		_
The Articles of Organization for this Limited L Florida document number L19000064357	iability Company	were filed on March 6, 2	019	and	assigned
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
Justin Null, LCC					
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the designation	1 "LLC" or the abbi	eviation	"L.L.C."
Enter new principal offices address, if applic	able:				
(Principal office address MUST BE A STREE		42 Guava Trak	· ·	<u>;</u> -	
Trincipal Office address MOST DE MOTROET ADDRESS		Ocklawaha, FL 32179		, ,	
				⊅ ≺	2 g
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SAME AS ABOVE	•	30	1
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B. If amending the registered agent and/or ragent and/or the new registered office address		ddress on our records, g	enter the name	<u>of the r</u>	iew registe
Name of New Registered Agent:	Justin Null				
New Registered Office Address:	42 Guava Trak				
	Enter Florida street address				
	Ocklawaha		_, Florida	19	
		City	 ,	Zip Cod	le
New Registered Agent's Signature, if changing I	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
AMBR	Lacey Null	42 Guava Trak, Ocklawaha, FL 32179	🗆 Add
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Effective date, if other than if an effective date is listed, the date Note: If the date inscrted in this document's effective date on the	a croom does muchinger m	io apprioagic statutor	g or more than 90 days y filing requirements	optional) after filing.) Pursuant to this date will not be l	605.0207 (isted as t
e record specifies a delayed effect rd is filed.	ctive date, but not an eff	fective time, at 12:01	a.m. on the earlier o	f: (b) The 90th day a	fter the
Dated	202	23			
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	Signature	r or authorized represer			
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Filing Fee: \$25.00