Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:		A XX H H B
	Division of Corporations	TAR ASS
	Fax Number : (850)617-6383	ጠ~<
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From:	CONTRACTOR OF THE CONTRACTOR OF THE	T S
	Account Name : CONTADORSUNNYISLES.COM INC	
	Account Number : 120200000118	TATE ORID,
	Phone : (305)26 0- 696 8	Φ£
	Fax Number : (786)513-7810	1

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRICK HOUSE INVESTMENTS, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF ORGANIZATION
OF AH
BRICKHOUSE INVESTMENTS LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on L19000101662
Florida document number L19000101662
Florida document number
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."
The new name must be disunguishable and contain the words. Elimited Elability Company, the designation. Elect. of the above viation. Elect.
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
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:
No. of the Product Assess
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
. Florida
City Zin Code

New Registered Agent's Signature, if changing Registered Agent:

Page 3 of 5

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.

17865137810

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

Page: 4 of 5

Title	Name	Address	Type of Action
MGR	ADRIANO CORDEIRO FELIX	3 BECKLEY PLACE	≅Add
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From: Paloma Duarte

D. If amending any other information, en	ter change(s)	here: (Attach ad	iditional sheets, if	necessary.)			
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E. Effective date, if other than the date of (If an effective date is listed, the date must be specified; If the date inserted in this block doe document's effective date on the Department of the record specifies a delayed effective date, by record is filed.	ific and cannot be a not meet the a ant of State's rea	applicable statutory cords.	g or more than 90 days filing requirement	s, this date will not be	: listed as th	:)(b) æ	
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