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Office Use Only



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## **COVER LETTER**

| BRICA SC                   | DLUTION SERVICES LLC  |   |  |
|----------------------------|---|---|--|
| SUBJECT:                   | Name of Lim   | ited Liability Company  | 9630   |
|                            | Amendment and fee(s) are sub  | _   |  |
| Please return all correspo | ondence concerning this matter  | to the following:   |  |
|                            | Ricardo P Fernandez de Co   | ordoba  |  |
|                            | · · · · · · · · · · · · · · · · · · ·                                   | Name of Person  |  |
|                            | INNOVATION TAX & T  | RUST US LLC   |  |
|                            | <del></del>   | Firm/Company  | 44   |
|                            | 848 BRICKELL AV Suite   | 300   |  |
|                            |   | Address   |  |
|                            | Address MIAMI 33131  City/State and Zip Code R.FERNANDEZ@INNOVATION.TAX |   |  |
|                            | R.FERNANDEZ@INNOV   |   | <del></del>  |
|                            | E-mail address: (   | to be used for future annual report notifi                                | cation)  |
| For further information of | concerning this matter, please c  | all:  |  |
| RICARDO FERNANDI           | EZ  | 305 4586559   |  |
| Name o                     | of Person   |   | Telephone Number   |
| Enclosed is a check for t  | he following amount:  |   |  |
| ■ \$25.00 Filing Fee       | ☐ \$30.00 Filing Fee &<br>Certificate of Status                         | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| MAII                       | INC ADDRESS:  | STRFFT/COURIE   | 'P ANNDESS:  |

MAILING ADDRESS:

**Registration Section** 

Division of Corporations

TO:

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**

### BRICA SOLUTION SERVICES LLC

| TO  |   |  |
|---|---|--|
| ARTICLES OF OR  | RGANIZATION   |  |
| OF  | •   | S.)  |
| BRICA SOLUTION SERVICES LLC   |   | The state of the s |
| ( <u>Name of the Limited Liability Company</u><br>(A Florida Limited Lia  | y as it now appears on our record<br>ability Company) | <u>(s.)</u>  |
| The Articles of Organization for this Limited Liability Company w   | rere filed on <u>04/25/2019</u>                       | and assigned   |
| Florida document number L19000113267  |   | ·  |
| This amendment is submitted to amend the following:   |   |  |
| A. If amending name, enter the new name of the limited liabili  | ty company here:                                      |  |
| The new name must be distinguishable and contain the words "Limited Liability   | y 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)   |   | 10101  |
|   |   |  |
| Enter new mailing address, if applicable:   |   |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |  |
|   |   | <u> </u>   |
| B. If amending the registered agent and/or registered offi<br>registered agent and/or the new registered office address here: |   | s, enter the name of the new   |
| Name of New Registered Agent:   |   |  |
| New Registered Office Address:  |   |  |
|   | Enter Florida street addres                           | SS   |
|   |   | orida  |
|   | 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          | FERNANDEZ DE CORDOBA,<br>RICARDO P. SR |   |                |
|              | -                                      | 848 BRICKELL AV MIAMI, FL                 | <del></del> -  |
|              |  | 33131 UN                                  | ■ Remove       |
|              |  |   | ☐ Change       |
| MGR          | RICARDO JOSE BRITTO LEON               | 3250 NE 1ST AVE APT 612<br>MIAMI FL 33137 |                |
|              |  |   | □ Remove       |
|              |  |   | Change         |
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|                  | , i., i.,                        |                             | ·                             |                                    | <del></del>    |
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|                  |                                  |                             |                               |                                    |                |
| . Effective da   | ate, if other than the da        | te of filing:               |                               | (optional)                         |                |
| (If an effective | date is listed, the date must be | specific and cannot be prio | r to date of filing or more t | han 90 days after filing.) Pursuai | nt to 605.0207 |
|                  | effective date on the Depa       |                             |                               | quirements, this date will not     | i be fisted as |
|                  | ·                                |                             |                               |                                    |                |
| the record       | specifies a delayed e            | ffective date thut no       | ot an effective time          | e, at 12:01 a.m. on the            | e earlier of   |
|                  | h day after the record           |                             | se am circuit e em            | ., de 12.01 anni on the            | , carner o     |
|                  |                                  |                             |                               |                                    |                |
| Dated 26TH       | LAUGUST                          | 2019                        |                               |                                    |                |
| <del></del>      |                                  |                             | —                             |                                    |                |
|                  |                                  | 1                           | f                             |                                    |                |

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Typed or printed name of signee

Filing Fee: \$25.00