

L19000 133 544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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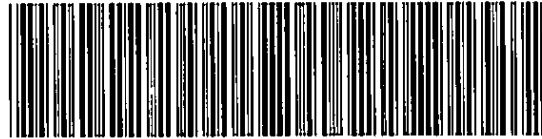
(Business Entity Name)

(Document Number)

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FILED
JUL 15 2019
10:42 AM
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JUL 15 2019

OK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRICK SOLID LIMITED LIABILITY COMPANY
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:

JACK LEE
Name of Person

BRICK SOLID LIMITED LIABILITY COMPANY
Firm/Company

11585 BENTWOOD CT.
Address

NORTH FORT MYERS, FL 33917
City/State and Zip Code

LEE1535JACK@GMAIL.COM
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

JACK LEE at 239 770-6169
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BRICK SOLID LIMITED LIABILITY COMPANY

(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 5-17-2019 and assigned
Florida document number L19000133544

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)

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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

19 JUL -2 PM 1:48
DEPT. OF STATE
DIVISION OF CORPORATIONS

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>	<u>Address</u>	<u>Type of Action</u>
MGR	DWIGHT L. JUNKIN	9069 SE COUNTY RD. #319	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		TRENTON, FL 32693	<input type="checkbox"/> Change
AMBR	LESLIE A. JUNKIN	7264 NW 166TH ST.	<input checked="" type="checkbox"/> Add
		TRENTON, FL 32693	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NORBERT F. RICHTER	3736 SW 6TH PL.	<input checked="" type="checkbox"/> Add
		GAINESVILLE, FL 32607	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

Dated 6-25, 2019

Signature of a member or authorized representative

JACK LEE