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Division of Corporations

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From:

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Account Number : I20010000062 Phone : (323)962-8600

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BRICKCITY 29 LLC**

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AUG 3 0 2019

M. SOLOMON

TO:

Registration Section

COVER LETTER

Division of Cr	orporations					
BRICKC	TY 29 LLC					
SUBJECT:Name of Limited Liability Company						
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.				
Please return all corresp	condence concerning this matter	to the following:				
	Cheyenne Moseley					
	Name of Person					
	Legalzoom,com, Inc.					
	Firm/Company					
	101 N Brand Blvd 11th Fi					
		Address				
	Glendale, CA 91203					
		City/State and Zip Code				
	banjoman211@gmail.com		·····			
	U-mail address: (t	to be used for future annual report noti	fication)			
For further information	concerning this matter, please or	all:				
Cheyenne Moseley		800 773-0888				
Name	of Person	at ()	e 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, 11, 32314		STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Fallahassee, FL 32	on rations enter Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRICKCITY 29 LLC			
(Name of the Limited Liability Compan (A Florida Limited L	iy as It now appears on our records.) ialihiy Company)		
The Articles of Organization for this Limited Liability Company of Florida document number <u>L19000156619</u>	were filed on	and ass	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbr	eviation "L.	L.C."
Enter new principal offices address, if applicable:		*	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		نزن	<u>1</u>
		-F:	
			29
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		**************************************	
		***	 -
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:		he name	of the ne
New Registered Office Address.	EnterFloridastreetaddress		
	, Florida		
	Cin-	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am fai provided for in Chapter 605, F.S. Or, if	miliar wh This doci	th and ument is

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>	Name	Address	Type of Action
AMBR	Jayden Eekroth		
			☐ Remove
		3H8 E. FORT KING ST. OCALA, FL 34470	☐ Change
			☐ Remove
			Change Au Au Change Au Cha
			☐ Remove———————————————————————————————————
			□ Remove
			Change
			Add
			☐ Remove
			Change
			
		<u></u>	□ Remove
			Change

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Typed or printed name of signee

Filing Fee: \$25.00