119000/67/34

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



100333356201

08/29/19--01008--015 **25.00

n. Witte 50 223

COVER LETTER

SUBJECT: <u>6</u> A	McBrick B	operfies LLC ited Liability Company	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	GRAZIANO AI	VTONIO PIETRO	PAOLO
		Name of Person	
	FRECCIA BO	DGA INVESTHEN	Π
		Firm/Company	
	20 N ORA	NGE AYENVE	STE 1100
		Address	
	OBLANDO, I	FL 32801 City/State and Zip Code	
		City/State and Zip Code	.1
	E-mail addjess: (1	etro ado ha mai	ication)
For further information co	encerning this matter, please ca	•	
CANTIANO	PIETROPACLO	at (305) 842	<u>0553</u>
Name of	Person	Area Code Daytime	e Telephone 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)

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**

GA Mc Brick P	Collin 25 1:49 illity Company as it now appears on our records.) ida Limited Liability Company)
(Name of the Limited Liab (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number 1900 0 1671	Company were filed on June 26, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "L	imited 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 ADI	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac	gistered office address on our records, <u>enter the name of the ne</u> ldress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Register	red 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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

Type of Action Title Name Address GRAZIANO A PIETROPAOLO AM BR 15263 Night Herron Dr Remove Winter Garden, Fl 34787 Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change ☐ Remove _□ Change ☐ Remove ☐ Change

D. If amending, any other information, enter change(s) here: (Attach additional sheets, if necessary.)	3/2
Add EIN 84-2239540	
enclosed IRS Letter	
	
	
	<u></u>
	
Σ. Effective date, if other than the date of filing: (optional)	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuar Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's record:	it to 605.0207 (3)(b be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the (b) The 90th day after the record is filed.	earlier of:
Dated August 27th 2019.	
Signature of a member of authorized representative of a member	
GRAZIANO A PIETOSPANO AS PRESIDENT FREICI Typed or printed name of signed ROSSA INVE	ASTHENT

Page 3 of 3

Filing Fee: \$25.00