L2000098103

(Re	equestor's Name)	
(Ac	ddress)	· · · · · · · · · · · · · · · · · · ·
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	_	_
	AUG 1 202	

Office Use Only



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2022 AUG 11 PH 1: 11

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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:JF	F GENERAL Name of Limite	SERVICES d Liability Company	LLC_
The enclosed Articles of A	amendment and fee(s) are subm	itted for filing.	
Please return all correspor	idence concerning this matter to	the following:	
	ALVARO C	E OLIVEIRA I	FRANCISCO
		Firm/Company	
	419 HOL	YWOOD BUD 1	NW APT B
	FOR	T WALTON BEA	CH, FL 32548
	CONTAC E-mail address: (to	be used for future annual report notif	ERVICES. COM
For further information co	oncerning this matter, please ca	П:	
ALVARO DE O	OLIVETRA PRANCISCI FPerson	o at (850) 376 - Area Code Daytime	-7406 Telephone Number
Enclosed is a check for the	ne following amount:		
. □ \$25.00 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)

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT

TO FILED

8

О	F 2022 AUG 11 PH 1: 26
JFF GEVERA (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on bur records:) '
The Articles of Organization for this Limited Liability Company Florida document number <u>1.2000098103</u> .	were filed on 04-07- Jolo and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab TFF BRICK SERVI The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	CES 110
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

_____, Florida

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

Type of Action Address Title Name MICHELA T MARANGONI 419 HOLLYWOOD BLUD NW XXXXXX AMBR APT B. FORT WALTON BEACH PRemove _____ □Remove ☐ Change ______ □Remove □Remove _____ □Change

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Note:	we date, if other than the date of filing:
ne record ord is til	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	Signature of amember or authorized representative of a member
	Signature of a member or authorized representative of a member M. Hela T. Marangoni Typed or printed name of signee

Filing Fee: \$25.00