

K20 0000291123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

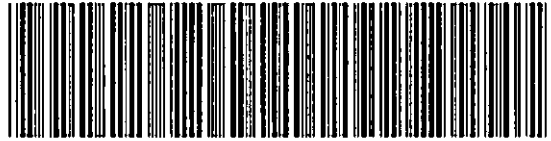
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

9/23/21
TM

Office Use Only



700373046427

09/13/21--01019--023 **25.00

21 SEP 13 PM 1:34

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: EBRICKS 2238M-302 LLC

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:

ANGELO BURGAZZI

Name of Person

EBRICKS 2238M-302 LLC

Firm/Company

2299 NORTH OVERLOOK PATH

Address

HERNANDO, FL 34442

City/State and Zip Code

aburgazzi@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGELO BURGAZZI 312 238-9491

Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

EBRICKS 2238M-302 LLC

(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 09/16/2020 and assigned
Florida document number L20000291123.

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)

2299 NORTH OVERLOOK PATH

HERNANDO, FL 34442

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2299 NORTH OVERLOOK PATH

HERNANDO, FL 34442

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:

ANGELO BURGAZZI

New Registered Office Address:

2299 NORTH OVERLOOK PATH

Enter Florida street address

HERNANDO

City

Florida 34442

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.

Angelo Burgazzi
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:

21 SEP 13 PM 1:34

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GIOVANNI BARINCI	42 SAMANA DRIVE	<input type="checkbox"/> Add
		MIAMI, FL 33133	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GIOVANNI BARINCI TRUST	42 SAMANA DRIVE	<input type="checkbox"/> Add
		MIAMI, FL 33133	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANGELO BURGAZZI	2299 NORTH OVERLOOK PATH	<input checked="" type="checkbox"/> Add
		HERNANDO, FL 34442	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	EBRICKS CAPITAL FUND, LLC	2299 NORTH OVERLOOK PATH	<input checked="" type="checkbox"/> Add
		HERNANDO, FL 34442	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DIANI O PENSO	2299 NORTH OVERLOOK PATH	<input checked="" type="checkbox"/> Add
		HERNANDO, FL 34442	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

