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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624 Fax Number : (512)597-0678

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

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MORTARS ON BRICKS LLC

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18506176383

From: Zen8usiness User

## TO ARTICLES OF ORGANIZATION

ARTICLES OF AMENDMENT **OF** 

Mortars on Bricks 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 \_\_06/14/2021 andassigned Florida document number 1.21000276527 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 most be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 1794 Farmhouse Rd Sc Enter new principal offices address, if applicable: Palm Bay, Ft. 32909 (Principal office address MUST BE A STREET ADDRESS) US 1794 Farmhouse Rd Se Enter new mailing address, if applicable: Palm Bay, FL 32909 (Mailing address MAY BE A POST OFFICE BOX) US 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 \_\_ ( in 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

To:

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Scott Coggins	1794 Farmhouse Rd Se	□ Add
		Palm Bay, FL 32909	□Remove
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record specifies a delayed effect Lis filed	tive date, but not	t an effective tir	ne, ar 12:01 a.r	n, on the earlier	of (b) The	90th day	after the
ated April 15th		2024					
		cott Cog					

Typed or printed name of signee