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(Re	questor's Name)	
(Ade	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu:	siness Entity Nar	ne)
(Do	cument Number)	
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COVER LETTER

Division of Cor			
SUBJECT: Brick City	Ventures, LLC		
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	Jason M. Radson		
		Name of Person	
	Radson Dempsey, PA		
		Firm/Company	
	501 East Fifth Avenue	Address	
		Address	
	Mount Dora, Florida 3275	7 City/State and Zip Code	
	jason@radsondempsey.con E-mail address; (fication)
For further information c	oncerning this matter, please c	•	·
Jason M. Radson		at (352) 383-6001 Daytim	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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, 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 ARTICLES OF ORGANIZATION FILED

BAY 25 (西京)。

(Name of the Limited Liability Company as it now appears on the CREATERY OF STATE (A Florida Limited Liability Company)

[A Florida Limited Liability Company] The Articles of Organization for this Limited Liability Company were filed on February 22, 2022 and assigned Florida document number L22000084281 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) 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

City

New Registered Agent's Signature, if changing Registered Agent:

Brick City Ventures, LLC

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 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	Angela D. Wall	940261 Old Nassauville Rd	
		Fernandina Beach, FL 32034	■Remove
			□Change
MGR	Brian A. Wall	940261 Old Nassauville Rd	= Add
		Fernandina Beach, FL 32034	□Remove
			□Change
			
			□Remove
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ctive date, if other than tl	re date of filing:		(on	tional)
effective date is listed, the date in	iust be specific and cannot be	prior to date of filing o	r more than 90 days aft	er filing.) Pursuant to 605.020
e: If the date inserted in this iment's effective date on the	Diock does not meet the appearance of State's rec	pplicable statutory fi ords.	ling requirements, t	his date will not be listed a
ord specifies a delayed effect	ive date, but not an effect	ive time, at 12:01 a.s	n, on the earlier of	(b) The 90th day after the
filed.		,		ing in the contract the
d May 10				
1				
1/20	-n AL	ul		
	Signature of a member or			

Filing Fee: \$25.00