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2022 JUN - 7 PH 3: 1

## **COVER LETTER**

Division of C	orporations		
	ng Brick Pavers LLC		
SUBJECT:	Name of Lin	nited Liability Company	- <del></del>
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Luciana V Ambar		
	<del></del>	Name of Person	
	Bettatifying Brick Pavers	LLC	
		Firm/Company	
	2588 Pinnacle Ln		
		Address	
	Clermont, FL 34711		
		City/State and Zip Code	<del></del>
	beautifyingbrick@outlook.		
For further information	concerning this matter, please c	to be used for future annual report notifiall:	ication)
Luciana V Ambar	,	407 535-5837	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the 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 Addre Registration		Street Address: Registration Sec	tion

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN - 7 PM 3: 11

Beautifying Brick Pavers LLC

(Name of the Limited Liability Company as it now appears on our records.) LAHASSEF, F1

	(A Florida Limited Liability Company)	" "CCAHASSEE, FL	-
he Articles of Organization for this Limited lorida document number <u>L22<b>Q</b>OO</u> 2		5/2022 and assi	igned
his amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name	of the limited liability company her	<u>re</u> :	
he new name must be distinguishable and contain the	words "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.I	C."
Inter new principal offices address, if appl	licable:		
Principal office address MUST BE A STRE	EET ADDRESS)		_
Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFIC	E BOX)		
inter new mailing address, if applicable:	E BOX)		
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFIC.</u> If amending the registered agent and/or	r registered office address on our re ress here:	ecords, enter the name of the new	; regi:
inter new mailing address, if applicable:	r registered office address on our re	cords, enter the name of the new	· regis
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFIC</u> . If amending the registered agent and/or gent and/or the new registered office addi	r registered office address on our re ress here: Luciana V Ambar 2588 Pinnacle Ln		regi
Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFIC.  B. If amending the registered agent and/or gent and/or the new registered office addinguate of New Registered Agent:	r registered office address on our re ress here: Luciana V Ambar 2588 Pinnacle Ln	cords, enter the name of the new  ida street address  Florida 34711	regis

## 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Claudemir Osorio	2588 Pinnacle Ln, Clermont-FL 34711	<b>=</b> Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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ective	date, if other tl	nan the date o	of filing:			(o	ptional)		
effecti <u>te:</u> If t	ve date is listed, the the date inserted i	date must be spe- n this block doc	cific and cannot b es not meet the	ne prior to date of applicable statt	Tiling or more utory filing re	than 90 days a quirements.	ifler tiling.) F this date w	Pursuant to 605. fill not be liste	.02 2d
ument	's effective date of	in the Departme	ent of State's re	cords.					
cord st	pecifies a delayed	offective date	but not an effec	ctive time, at 10	2:01 a.m. on t	he earlier of	· (b) The	Ofth day after	r ih
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		Signatu	re of a member of	or authorized repr	resentative of a	member			

Typed or printed name of signee