

L23000034678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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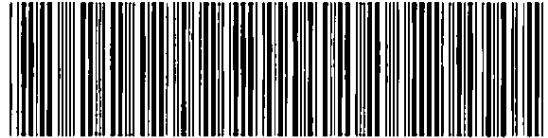
(Business Entity Name)

(Document Number)

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2023 OCT 24 PM 9:55
CLERK

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THREE BRICKS GROUP 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:

ISHKHAN MARKARIAN

Name of Person

THREE BRICKS GROUP LLC

Firm/Company

800 SE 4TH AVENUE, SUITE 143

Address

HALLANDALE BEACH, FLORIDA 33009

City/State and Zip Code

larisa@dejureparalegalservices.com

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

For further information concerning this matter, please call:

ISHKHAN MARKARIAN

203 648-3416
at ()

Name of Person

Area Code

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

2023 OCT 24 AM 9:55
SECRET
TALLAHASSEE, FL

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

THREE BRICKS GROUP 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 JANUARY 18, 2023 and assigned
Florida document number L23000034678.

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)

800 SE 4TH AVENUE, SUITE 143

HALLANDALE BEACH, FLORIDA 33009

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

800 SE 4TH AVENUE, SUITE 143

HALLANDALE BEACH, FLORIDA 33009

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:

ISHKHAN MARKARIAN

New Registered Office Address:

800 SE 4TH AVENUE, SUITE 143

Enter Florida street address

HALLANDALE BEACH

City

Florida 33009

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ISHKHAN MARKARIAN		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		800 SE 4TH AVENUE, SUITE 143, HALLANDALE	<input checked="" type="checkbox"/> Change
AMBR	KHACHATRIAN ARSHALUIS		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		800 SE 4TH AVENUE, SUITE 143, HALLANDALE	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECRET

2023 OCT 21 AM 9:55
SECRET
TALIX

2023 OCT 21 AM 9:35
SECRET
TAN 17

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated OCTOBER 11 2023

[Handwritten signature]

ISHKHAN MARKARIAN

Filing Fee: \$25.00