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12 HUNT 05/06/24

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Bri	CKVVCCD An-	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	bmitted for filing.	
	ndence concerning this matter		
·	and the second s	to the following.	
	Viadini	r barcia	
		Name of Person	
		v Firm/Company	
	111-		
	<u>4855 E</u>	Address	
	<u>Hialeah</u>	<u>F) 33013</u>	1 - 5
	Vacachentra	City/State and Zip Code	• ;
	E-mail address: (City/State and Zip Code 4 LLC 9 9 may 1. com to be used for future annual report notification)	
For further information co	oncerning this matter, please ca	•	. 1
Lila Je	<i>(</i> - • • · ·		<u> </u>
Name of	Person	at (986) 53) 7874 Area Code Daytime Telephone Number	<u>e</u> :
		r:	C)
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing	. 17
y	Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Certified Copy Certificate of Certified Copy Certified C	f Status &
		(additional cop	
Mailing Address: Registration Se		Street Address: Registration Section	
Division of Co	rporations	Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, Fl	L 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ Brickwood Am	erica UC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our rec Liability Company)	cords.)	
The Articles of Organization for this Limited Liability Company	were filed on 04/10	17074	and assigned
Florida document number <u>L.24000171306</u> .		<u> </u>	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "I	LC" or the abbr	eviation "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)			·
			1
B. If amending the registered agent and/or registered office a	ddress on our records, ent	er the name	of the new registered
agent and/or the new registered office address here:	en out records, em	er the name.	m
		7.5° 1772 -	=
Name of New Registered Agent:		f · .	
New Registered Office Address:			
	Enter Florida street add	ress	
		Florida	
	City		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 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
AMBR	GARCIA VIADIN	112 4855 E 10th CT	□Add
		+in 4855 E 10th CT Hialeah F 33013	□Remove
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fective date, if other than the date of filing:	ා . උා (optional)	
in effective date is fisted, the date must be specific and cannot be prior to date of filing ote: If the date inserted in this block does not meet the applicable statutory cument's effective date on the Department of State's records.	or more than 90 days after filing.) Pursuant to	o 605,026 Elisted a
ecord specifies a delayed effective date, but not an effective time, at 12:01 a is filed.	a.m. on the earlier of: (b) The 90th day	after th
ted x 05 01 2024 X Signature of a member or authorized represent		
$\sqrt{(o-1)}$		
Signature of a member or authorized represent		_