## 24000181003

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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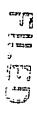
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## COVER LETTER

10: Registration Division of 0	i Section Corporations		
Brickho	use RE, LLC		
	Name of La	nited Liability Company	<del></del>
70			
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing,	
Please return all corre	spondence concerning this matter	r to the following:	
	Nicole Brickhouse		
	<del></del> = - ·· ·-	Name of Person	· <del></del>
	Brickhouse RE, LLC		
	-	Firm/Company	<del></del>
	2477 Stickney Point Road		
	·	Address	· <del>-</del> ·
	Sarasota, Florida 34231		
		City/State and Zip Code	- · - · - · - · - · - · · · · ·
	nicolebrickhouse@icloud.e		
		to be used for future annual report no	otification)
	n concerning this matter, please e	rall:	
Nicole Brickhouse		813 431-2174	
Nam	e of Person	at (1	me Telephone Number
Enclosed is a check fo	r the following amount:		
■ \$25.00 Filing Fee	[7] \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	E1 \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Add		Street Address:	
Registration Division of	i Section Corporations	Registration Section	
P.O. Box 6		Division of Corporations The Centre of Tallahassee	
Tallahassee		2415 N. Monroe Street, Suite 810	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brickhouse RE, 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 4/17/2024 and assigned Florida document number 1.24000181003 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 "L4 C" or the abbreviation "L4 C." 2477 Stickney Point Road Enter new principal offices address, if applicable: Suite 118A (Principal office address MUST BE A STREET ADDRESS) Sarasota, Florida 34231 2477 Stickney Point Road Enter new mailing address, if applicable: Suite 118A (Mailing address MAY BE A POST OFFICE BOX) Sarasota, Florida 34231 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 <sub>e</sub>

## 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
MGR	Stanley R. Brickhouse	4518 Cedar Brush Terrace	□Add
		Sarasota, Florida 34243	Remove
		<del>-</del>	[T]Change
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			LiRemove
		<del></del>	UChange
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an ei	tive date, if other than the date of filing:
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
reco Lis f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled
ated	June 6 2024
c.	
١,	
(	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signec