P15000087384

(Re	equestor's Name)			
(Ac	ldress)	.		
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(Ci	ty/State/Zip/Phon	e #)		
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SECRICIARY OF SIAITONS ADVISION OF CORPORATIONS A

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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 9, 2016

ARMANDO PENA BOOKKEEPING, TAX & IMMIGRATION SERVICES, 5369 25TH AVE SW NAPLES, FL 34116

SUBJECT: BRICKS FLORIDA, INC

Ref. Number: P15000087384

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair Regulatory Specialist II Letter Number: 516A00004929

www.sunbiz.org

District of Commenting DO DOY (2007 Mall 1 and 17 120) 1- 2001 A

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Swent State to	/ INC	····				
DOCUMENT NUM	BER: P15000087384						
The enclosed Articles	s of Amendment and fee are su	ibmitted for filing.					
Please return all corre	espondence concerning this ma	tter to the following:					
	ARMANDO PENA						
		Name of Contact Persor	1				
	BOOKKEEPING, TAX & IMMIGRATION SERVICES, INC						
		Firm/ Company					
	5369 25TH AVE SW						
		Address					
	NAPLES, FL 34116						
		City/ State and Zip Code	2				
arma	ndo@bookkeepingnaplesflorio F-mail address: (to be us	fa.com	•				
	E-mail address: (to be us	sed for future annual report	notification)				
For further information	on concerning this matter, pleas	se call:					
ARMANDO PENA		at (537-5807				
Name	of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:				
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				

Mailing Address

Amendment Section **Division of Corporations** P.O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle e water angle on the feet will gove theme business. Tallahassee, FL 32301

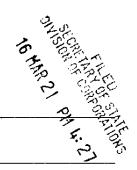
Street Address

Clifton Building

Amendment Section

Division of Corporations

Articles of Amendment Articles of Incorporation



(Name of Corporation as currently filed with the Florida Dept. of State)

BRICKS FLORIDA, INC

(Document Number of Corporation (if known)

BRICKS AND TILES ENGRAVINGS,INC		The same
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	Corp." "Inc." or "Co". A professional o	
B. Enter new principal office address, if applic (Principal office address <u>MUST BE A STREET</u>		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>	S BOX)	
new registered agent and/or the new registe		
new registered agent and/or the new registe	red office address:	
new registered agent and/or the new registe	red office address:	
	ered office address: (Florida street address)	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title: •

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
_X Add	<u>sv</u>	Sally Sr	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	****			
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Damovo				

N/A	itional sheets, if necess	sary). (Be specific)			
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* I C	oment provides for a state of a state of the	n exchange, reclassific te amendment if not co	ation, or cancenation intained in the amend	ment itself:	
If an ameno provisions	applicable, indicate N	V/A)			
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provisions (if not N/A	·				
provisions (if not N/A	·				

The date of each amendment(s	02/18/2016 adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	01/01/2016	
	(no more than 91) days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	nent(s)
	approved by the shareholders through voting groups. The following sta- for each voting group entitled to vote separately on the amendment(s).	
	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and share	holder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	er
02/23/2	016	
DatedSignature		
(By sele	a director, president or other officer – if directors or officers have not betted, by an incorporator – if in the hands of a receiver, trustee, or other ointed fiduciary by that fiduciary)	
	GUILLERMINA CONTRERAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
•	(Title of person signing)	1-0-1-1-1