## Division of Corporations Electronic Filing Cover Sheet

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(((H190001085343)))



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To:

Division of Corporations

Fax Number : (850)617-6380

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COR AMND/RESTATE/CORRECT OR O/D RESIGN BRICKLESS DEVELOPER GROUP CORP

Certificate of Status	0
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C. GOLDEN APR 22 2019



April 12, 2019

## FLORIDA DEPARTMENT OF STATE

Division of Comorations

BRICKLESS DEVELOPER GROUP CORP 1210 NW 4TH ST HOMESTEAD, FL 33030

SUBJECT: BRICKLESS DEVELOPER GROUP CORP

REF: P19000011882

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

The document was not submitted with the electronic filing cover sheet. Please resubmit the cover sheet with the document.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

FAX Aud. #: H19000108534 Letter Number: 119A00007419

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From: eFar Cuevas Law

H190001085343

2019 APR 19 AM 10: 04

Articles of Amendment to Articles of Incorporation of

		of	
BRICKLESS DEVELOPER GROUP CO	PRP		
(Name o	of Corporation as cu	arrently filed with the	e Florida Dept. of State)
P19000011882			
	(Document Nu	mber of Corporation (i	if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statute	es, this Florida Profit	Corporation adopts the following amendment(s
A. If amending name, enter the new na	me of the corporat	ion:	
			The now
	ation "Corp," "Inc.	," or "Co". A profes	," or "incorporated" or the abbreviation ssional corporation name must contain the
B. Enter new principal office address, (Principal office address MUST BE A S			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			
D. If amending the registered agent an new registered agent and/or the new			i, enter the name of the
Name of New Registered Agent	CUTVAS GARCIA & TORRES PA		
	7300 N Kendall Dr	r., Suite 680	
	(FI	orida street address)	<del>,</del>
New Registered Office Address:	Mianti		. Florida
ZZZZZZZ GOZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ		(City)	(/ip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis.	thanging Registered tered agent. I am fa	1 Agent: miliar with and accep	ot the obligations of the position.

Page 1 of 4

ew Registered Agent, if changing

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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	<u>PT</u>	John Dae	
X Remove	¥	Mike Jones	
<u>X</u> Add	<u>8V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1)Change	<u></u>	DELGADO, NELSON A, MR.	
Add x Remove			
2) Change	P	DELGADO, NELSON	8112 LOS PINOS CIRCLE
X Add			CORAL GABLES, FL 33143
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5)Change			
Add			
Remove			
б) Сћанде			
Add			
Remove			

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E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)					
N/A					
·					
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares.					
provisions for implementing the amendment if not contained in the amendment itself:					
(if not applicable, indicate N/A)					

To: 8502456897

H190001085343

The date of each amendment(s) adoption:	, if other than th
date this document was signed	
Effective date if applicable:	
(no more than CC days after amendment file date)	
Note: If the date inserted to this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	due will not be listed as if
Adoption of Amendment(s) (CHECK ONK)	
#2The amendment(s) was/were excepted by the chareholders. The number of votes cast for the amendment by the shareholders weedwere sufficient for approval.	nt(a)
The amendment(s) wastwere approved by the shareholders through voting groups. The following state must be separately provided for each voting group enalled to vote separately on the amendment(s):	भा <b>रत</b> !
"The number of votes can for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) wavwere adopted by the board of directors without shereholder action and shirtch action was not required.	oluer
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	•
Dated 04/01/19	
Signature	<del>-</del>
(By a director, president or other officer — if directors or officers have not be selected, by an incorporator — if in the hands of a receiver, trobject, or other of appointed fiduciary by that fiduciary)	
Nelson A. Delgado	
(Typed or pointed name of person aigning)	
President	
(Tule of person signing)	

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