

A13000000280

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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JAN 5 2023

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FEB 07 2023

M. SOLOMON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1809 Brickell, LP  
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Craig Thompson

Contact Person

Integra Solutions, LLC

Firm/Company

150 SE 2nd Ave., Suite 800

Address

Miami, FL 33131

City, State and Zip Code

legal@integrafl.com

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

For further information concerning this matter, please call:

Craig Thompson

at (305) 774-0110

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee

☐ \$61.25 Filing Fee  
and Certificate of  
Status

☐ \$105.00 Filing Fee  
and Certified Copy

☒ \$113.75 Filing Fee,  
Certified Copy, and  
Certificate of Status

**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

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**CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF**

1809 Brickell, LP

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on May 28, 2013, assigned Florida document number A13000000280, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:**

New name must be distinguishable and contain an acceptable suffix.

*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.*

*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.*

**B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:**

New Principal Office Address:  
(Must be *STREET* address)

Integra Solutions, LLC  
150 SE 2nd Ave., Suite 800  
Miami, FL 33131

New Mailing Address:  
(May be *post office box*)

Integra Solutions, LLC  
150 SE 2nd Ave., Suite 800  
Miami, FL 33131

**C. 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:

Integra Solutions, LLC

New Registered Office Address:

150 SE 2nd Ave., Suite 800

*Enter Florida street address*

Miami, Florida 33131

*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.*

Paulo Melo

**If Changing Registered Agent, Signature of New Registered Agent**

**D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:**

[illegible]

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1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

**E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:**

- ☐ This Limited Partnership hereby elects to be a “Limited Liability Limited Partnership.”
- ☐ This Limited Partnership hereby removes its “Limited Liability Limited Partnership” status.

**(NOTE: If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.)**

**F. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Paulo Tavares de Melo is appointed as Vice President of 1809 Brickell, LP and is authorized to sign on its behalf.

Effective date, if other than the date of filing: \_\_\_\_\_

*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

**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.

**Signature(s) of a general partner or all general partners\*:**

(\*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

Paulo Melo

Paulo Melo, as Manager of Integra Solutions, LLC, a  
Florida limited liability company, as new general  
partner

Melanie Ribeiro

Melanie Ribeiro, as Vice President of EHDOD Stanley  
Axlrod Tower Charitable Corp, a Florida not-for-profit  
corporation, as withdrawing partner

**Signature(s) of all new or dissociating general partner(s), if any:**

Paulo Melo

Paulo Melo, as Manager of Integra Solutions, LLC, a  
Florida limited liability company, as new general  
partner

Melanie Ribeiro

Melanie Ribeiro, as Vice President of EHDOD Stanley  
Axlrod Tower Charitable Corp, a Florida not-for-profit  
corporation, as withdrawing partner

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75