

Oct. 5. 2005. 4:09PM BF GROUP

No. 19 Page 1 of 1

**L01000015578**

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Florida Department of State  
Division of Corporations  
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M. HODGES

To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : BF GROUP, LLC  
Account Number : I20050000163  
Phone : (305)461-7272  
Fax Number : (305)461-7232

L01-15578

DIVISION OF CORPORATION

05 OCT -5 AM 8: 09

RECEIVED

**LIMITED LIABILITY AMENDMENT**

**CB AT MIAMI RIVER, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

05 OCT -5 PM 12: 58

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Oct. 5. 2005 4:09PM BF GROUP

No. 1941 DOC-335616 3

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CB AT Miami River, LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Jose R. Boschetti  
(Name of Person)

BF Group, LLC  
(Firm/Company)

1200 Ponce de Leon Blvd., First Floor  
(Address)

Coral Gables, FL 33134  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mariannne Boschetti at ( 305 ) 461-7372 ext. 217  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

405000235616 3

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

CB At Miami River, LLC  
(Present Name)  
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 9/12/01 and assigned document number 101000015578.

SECOND: This amendment is submitted to amend the following:

Please amend Manager / member detail to  
reflect one (1) sole manager, which is the  
following:  
Boschetti, Jose - 1200 Ponce de Leon Blvd.,  
First Floor, Coral Gables, FL 33134

Mr. Mauricio Capon needs to be deleted as  
manager of the entity.

Dated \_\_\_\_\_

Signature of a member or authorized representative of a member

Jose R. Boschetti

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED

Filing Fee: \$25.00