

| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |

Office Use Only

G. MCLEOD

AUG 11 2010

**EXAMINER** 



000183645050

07/29/10--01003--007 \*\*25.00

10 AUG 10 PH 2: 29

## **COVER LETTER**

| TO: Regisfration Division of | Section<br>Corporations  |   |  |  |  |  |
|------------------------------|--|---|--|--|--|--|
| CHDIECT.                     | 2308 BRICK   | ELL HOLDING, LLC  |  |  |  |  |
| SUBJECT:                     |  | ited Liability Company  |  |  |  |  |
|                              | of Amendment and fee(s) are sul  |   |  |  |  |  |
| Please return all corre      | espondence concerning this matter  | to the following:   |  |  |  |  |
|                              |  | Gustavo Gambino   |  |  |  |  |
|                              |  | Name of Person  |  |  |  |  |
| •                            | Mia  | mi Condo Services LLC   |  |  |  |  |
|                              |  | Firm/Company  |  |  |  |  |
|                              |  |   |  |  |  |  |
|                              |  | Address   |  |  |  |  |
|                              | Ke   | ey Biscayne, FL 33149   |  |  |  |  |
|                              | City/State and Zip Code  |   |  |  |  |  |
|                              | gu<br>E-mail address: (  | sgambino@gmail.com<br>to be used for future annual report r   | notification)  |  |  |  |
| For further information      | on concerning this matter, please of   | call:   |  |  |  |  |
| G                            | ustavo Gambino   | at ( 786 )  | 281-5050   |  |  |  |
| Name of Person               |  | Area Code & Daytime Telephone Number                          |  |  |  |  |
| Enclosed is a check for      | or the following amount:   |   |  |  |  |  |
| \$25.00 Filing Fee           | \$30.00 Filing Fee & Certificate of Status   | \$55.00 Filing Fee & Certified Copy (additional copy is encle | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |  |  |  |
| Reg<br>Div<br>P.C            | AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314 | Registration Se<br>Division of Co<br>Clifton Buildir          | rporations   |  |  |  |

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 2308   | Brickell H                         | loldings LLC                           |                         |                      |                  |  |
|--|------------------------------------|--|-------------------------|----------------------|------------------|--|
| ( <u>Name of the Limited Liz</u><br>(A Flo                     | ability Compan<br>orida Limited Li | y as it now appear<br>ability Company) | rs on our records.)     | · · ·                |                  |  |
| The Articles of Organization for this Limited Liabi            | were filed on                      | 6/24/2010                              | and assign              | ed                   |                  |  |
| Florida document number L1000006765                            | 55                                 |  |                         |                      |                  |  |
| This amendment is submitted to amend the following             | ing:                               |  |                         |                      |                  |  |
| A. If amending name, enter the new name of th                  | <u>e limited liabi</u>             | lity company her                       | <u>re</u> :             |                      |                  |  |
|  | 3 ((3 ))                           | 11:122.0                               |                         | <u> ヺゕ</u>           |                  |  |
| The new name must be distinguishable and end with the "L.L.C." | ne words "Limit                    | ed Liability Compa                     | iny, the designation "L | AF G                 | eviation         |  |
| Enter new principal offices address, if applicabl              | le:                                | 785 Crandon                            | Blvd #201               |                      | A ALTERNATION IN |  |
| (Principal office address MUST BE A STREET A                   | 4DDRESS)                           | Key Biscayne                           | e, FL 33149             | Ric P                | 1 1              |  |
|  |                                    | <del></del>                            |                         | F.S. 23              | ر <u>ي</u><br>   |  |
|  |                                    |  |                         |                      |                  |  |
| Enter new mailing address, if applicable:                      |                                    | same as abo                            | ve                      |                      |                  |  |
| (Mailing address MAY BE A POST OFFICE BO                       | <u>)X)</u>                         |  |                         |                      |                  |  |
|  |                                    | <u> </u>                               |                         |                      |                  |  |
| B. If amending the registered agent and/or                     | registered off                     | ice address on o                       | our records, enter t    | he nam <u>e of t</u> | he new           |  |
| registered agent and/or the new registered office              |                                    |  | · •                     | •                    |                  |  |
|  | lov B Borko                        | -                                      |                         |                      |                  |  |
| Name of New Registered Agent: Jay P Parker                     |                                    |  |                         |                      |                  |  |
| New Registered Office Address: 1691 Michigan Ave, Suite #320   |                                    |  |                         |                      |                  |  |
|  |                                    | En                                     | ter Florida street add  | ress                 |                  |  |
| _  | Miami Beach                        |  | , Florida               | 33139                |                  |  |
|  |                                    | City                                   |                         | Zip Code             |                  |  |
| N D 14 3 4 60 4 18 5 I D                                       |                                    |  |                         |                      |                  |  |

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 608, 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 Changing Registered Agent, Stenature of New Registered Agent

Page 1 of 2

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

. MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Address</u> **Type of Action** <u>Name</u> MGR George Giomas □Add ✓ Remove MRGM Ignacio Vidaguren 785 Crandon Blvd #201 ☐ Add √ Remove Key Biscayne, FL 33149 MRG Gustavo Gambino 785 Crandon Blvd #201 ✓ Add Key Biscayne, FL 33149 Remove ∏Add Remove  $\square$ Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2010 July 27 Dated Signature of a member or authorized representative of a member George Giomas Typed or printed name of signee

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Filing Fee: \$25.00