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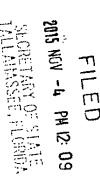
(Re	questor's Name)	,
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Re	gistration Section vision of Corporations
SUBJECT:	D.N. BRICKELL HOUS
The enclose	d Articles of Amendment
Please return	all correspondence conce
	Jose C. N
	Law Offi

SE, LLC

Name of Limited Liability Company and fee(s) are submitted for filing. rning this matter to the following: larrero, Esq. Name of Person ce of Jose C. Marrero, P.A. Firm/Company 1200 Brickell Avenue, No. 505 Address Miami, Florida 33131 City/State and Zip Code jose@marrerolaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jose C. Marrero Name of Person Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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

ARTICLES OF AMENDMENT

OF

ARTICLES OF ORGANIZATION 2015 NOV -4 PH 12: 09

FILED

'44' ·

Zip Code

SECRETARY OF STATE TALLAHASSEE, FLORIDA

D.N. BRICKELLHOUSE LLC

Bitt Bittok Editioode, BEC			
(<u>Name of the Limi</u>	ted Liability Con (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited L Clorida document number L12000068386		ny were filed on May 21, 2015	and assigned
his amendment is submitted to amend the foll			
a. If amending name, enter the new name o	of the limited li	ability company here:	
N/A			
he new name must be distinguishable and contain the	words "Limited Li	ability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	N/A	
Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	BOX)		
			·
 If amending the registered agent and egistered agent and/or the new registered or 			er the name of the ne
Name of New Registered Agent:	<u>N/A</u>		
New Registered Office Address:			
		Enter Florida street address	
		The wide	

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 605, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	KAI JIH HSIN	9358 S.W. 40th Streeet	Add
		Miami, Florida 33165	Remove
			☐ Change
MGR	KAI JIH HSIN	9358 S.W. 40th Street	 Add
		Miami, Florida 33165	□ Remove
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(If an effe	ve date, if other that	ate must be specific	and cannot be pr	rior to date of filir	g or more than 90 c	_ (optional) lays after filing.) Pur	suant to 605.0207	12: 09 (3)(b)
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