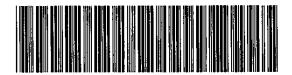
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Special Instructions to	Filing Officer:	





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## **COVER LETTER**

Div	ision of Corpo	orations							
SUBJECT:	3714 Brickell	LLC							
Name of Limited Liability Company									
The enclosed	l Articles of A	mendment and fee(s) are subn	nitted for filing.						
Please return	all correspond	dence concerning this matter to	o the following:						
		Yonny Molina							
			Name of Person						
		3714 Brickell LLC							
Firm/Company									
		3605 SW 113 Place							
		Miami, FL 33165							
			City/State and Zip Code	, <u></u>					
		Molyonny@yahoo.com							
		E-mail address: (to	be used for future annual report	notification)					
For further in	nformation cor	ncerning this matter, please ca	11:						
Yonny Moli	ina		305 927-588 at ()	2					
	Name of I	Person	Area Code Da	ytime Telephone Number					
Enclosed is a	a check for the	following amount:							
■ \$25.00 F	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:

TO:

**Registration Section** 

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 TO ARTICLES OF ORGANIZATION OF

3/14 DHCKEH LLC	
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L13000154073</u>	pany were filed on 11/01/2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2903 NE 163,0 ST
(Principal office address MUST BE A STREET ADDRES.	North Minmi Beach Floricen 33160
Enter new mailing address, if applicable:	Some
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:	ed office address on our records, enter the name of the new shere:  Enter Florida street address Florida
	City 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 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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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lote: If the date insecutive ocument's effective						utory filir	g requirem	ents, this	date will	not be	listed as
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August 29th			12	017	/	, ,					
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Typed or printed name of signee

Filing Fee: \$25.00