

L18000132007

Florida Department of State
Division of Corporations
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((H18000166193 3)))



H180001661933ABC2

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To:

Division of Corporations
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
1330 W 1601, LLC**

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2018 JUN -5 PM12:59

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

J. J. EGGETT
JUN 06 2018

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION (H180001661933)
OF**

1330 W 1601, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/29/2018 and assigned Florida document number L18000132007.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BRICKELL 1330, LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. 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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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 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

(H180001661933)

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>	<u>Address</u>	<u>Type of Action</u>
MGR	TORRUCO, BERNARDO	1395 BRICKELL AVE, STB 800	<input type="checkbox"/> Add
		MIAMI, FL 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	OCHOA, ALEJANDRA	1395 BRICKELL AVE, STB 800	<input type="checkbox"/> Add
		MIAMI, FL 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

(H180001661933)

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

10-11-1941

E. Effective date, if other than the date of filing: 04/27/2018 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 05/31/2018

Signature of a member or authorized representative of a member

JOSE TORRUCO

Typed or printed name of signee

(H180001661933)



June 4, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

1330 W 1601, LLC
1395 BRICKELL AVE
800
MIAMI, FL 3313108

SUBJECT: 1330 W 1601, LLC
REF: L18000132007

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

FAX Aud. #: H18000166193
Letter Number: 218A00011476

P.O. BOX 6327 - Tallahassee, Florida 32314

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