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To:

Division of Corporations

Fax Number : (850)617-6383

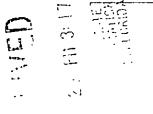
From:

Account Name : CUEVAS, GARCIA & TORRES, P.A.

Account Number : 120030000123 : (305)461-9500 : (786)362-7127 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VISIONS AT BRICKELL STATION LLC

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Electronic Filing Menu

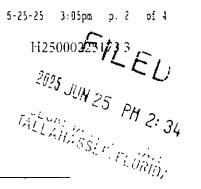
Corporate Filing Menu

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5-25-25 3:05pm p. 2

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



VISIONS AT BRICKELL STATION 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 $\frac{08/01/2022}{...}$ 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 "LLC." 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:

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.

Ciry

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

__, Florida ____

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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>	Name	Address	Type of Action
MGR	THORNE, ROBERT		□Add
			<u></u> ∏Remove
			☐ Change
MGR	BCS 1036 LLC	150 ALHAMBRA CIRCLE	≘ Add
		SUITE 105	□Remove
		CORAL GABLES, FL 33134	□ Change
			□Add
			Remove Chained Schained Schained Remove
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fective date, if other than the date of filing:	pplicable statutory filing requirements, this date will r	
record specifies a delayed effective date, but not an effectise filed.	ive time, at 12:01 a.m. on the earlier of: (b) The 90th	i day after the
nted June 19 2025		
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/ VI.		

Typed or printed name of signee