## L0900053262

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

SEP 2 5 2012 .

EXAMINER

	Registration'S Division of Co			,	
		i militar	* ** ··	L APARTMENTS	- MP -
JBJEC	CT:	1060			<u> </u>
لاجواء	. •		Name of Limit	ted Liability Company	
e encl	osed Articles o	f Amendmen	and fee(s) are sub	mitted for filing.	
ase re	turn all corresp	ondence con-	cerning this matter	to the following:	
			Zichari	6 TOLEDO, ESQ	
		-		Name of Person	
		<u></u>		Firm/Company	
		21	3E 135 )	rvenue 10 <sup>11</sup> 17	001
		***************************************		Address	
			Miam	Tonda 331. City/State and Zip Code	31
		PA		TWICHYUNDAI. COW	
			E-mail address: (to	o be used for future annual report notifica	tion)
furth	er information	concerning tl	is matter, please ca	all:	
PA	OLA CA	STILLO	RIBON	at (305) 416-02  Area Code & Daytime T	202
	Name	of Person		Area Code & Daytime T	elephone Number
closed	is a check for	the following	amount:		
\$25.0	0 Filing Fee		Filing Fee & ficate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (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

## AKTICLES OF AMENDMENT

## OF

## ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE IVISION OF CORPORATIONS

1060 BRICKELL APA	ETMENTS LLC	9012 SEP 24 PM 1:58		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our recobility Company)	ords.		
The Articles of Organization for this Limited Liability Company we Florida document number <u>L0900053242</u>	vere filed on $\frac{ u }{2}$	2009 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ty company here:			
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the desig	mation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	999 BRICKELI	- AVENUE		
	PENTHOUSE	101 10A 33131		
	MIAMI, FIOR	10A 33131		
Enter new mailing address, if applicable:	999 BRICKEL	L AVENUE		
(Mailing address MAY BE A POST OFFICE BOX)	PENTHOUS	L AVENUE E 1101		
		RIOA 3313)		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida si	reet address		
	City , F10	rida 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 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, Signature of New Registered Agent

MGR = Mai MGRM = M	nager lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
M <i>b</i> R	PAOLA CASTILLO LIBON	999 Brickell Frence Lesthouse 1101 Miami, Florida 33131	□Add □Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
<u>.</u>			Add Remove
			Add Remove
D. If amend	ling any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE SECRETARY OF CORPORATIONS DIVISION OF CORPORATIONS 2012 SEP 24 PM 1:58
Dated	Phad Tolelo the Signature of a member of	THORIZED REPRESENTATIVE r authorized representative of a member HARD TOLED D r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00