113000444178

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200260899512

06/06/14--01026--006 **210.00



A STATE JUN 1 - 2014

COVER LETTER

TO: Registration Section
Division of Corporations

Brickell Land Ventures, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Veronica Naranjo

Name of Person

MDR Americana, LLC

Firm/Company

1450 Brickell Ave Ste#2170

Address

Miami, FL 33131

City/State and Zip Code

v.naranjo@mdramericana.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Veronica Naranjo

 $_{at}$ $\frac{786}{507-0804}$

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 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:

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

Brickell Land Ventures, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L13000144178</u> .		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	
The new name must be distinguishable and end with the words "Limited Liabilit	y Company," the designation "LLC" o	r 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 offic registered agent and/or the new registered office address here:	ce address on our records, <u>e</u>	nter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		11
	, Florid	a
New Registered Agent's Signature, if changing Registered Agent:	•	22 NDA

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Address Type of Action** <u>Title</u> <u>Name</u> Nunez De Balboa 16, 2 Right _{■ Add} **MGR** Moratiel Llarena, Manuel Madrid 28001, Spain AF Remove Nunez De Balboa 16, 2 Right ■ Add MGR Entrena Moratiel, Maria Del Pilar Madrid 28001, Spain AF_ Remove ☐ Add ☐ Remove □ Add □ Remove □ Add ☐ Remove

•		
The effective date must be specif	ic, cannot be prior to date of receipt or filed date and	(optional) d cannot be more than 90 days after
The effective date must be specificate this document is filed by	the date of filing: Ic, cannot be prior to date of receipt or filed date and the Florida Department of State) 2014	(optional) I cannot be more than 90 days after
The effective date must be specifithe date this document is filed by	c, cannot be prior to date of receipt or filed date and the Florida Department of State)	(optional) I cannot be more than 90 days after
The effective date must be specificated this document is filed by	c, cannot be prior to date of receipt or filed date and the Florida Department of State)	d cannot be more than 90 days after
Dated June 4	c, cannot be prior to date of receipt or filed date and the Florida Department of State)	d cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

25.77 - 8 FM 12: 22

Barbaran Barbaran Barbaran Barbaran Barbaran Barbaran