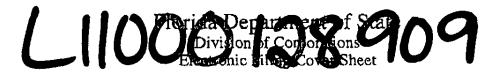
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone

: (561)694-8107

Fax Number

: (561)694-1639

\*\*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 THE GALLERY AT WEST BRICKELL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION, OF

(Some of the Vertical California)	Company of the convention of t	<del></del>
(A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number L11000128909	npany were filed on 11/14/2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
(Principal office address MUST BE A STREET ADDRE	SS)	满 :=
		(E)
		10
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u>o</u>
102.00mg mam.000.00002		វ្វា ,
B. If amending the registered agent and/or registered agent and/or the new registered office address	red office address on our records, en	ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter piopida street didiples	
	, 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

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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

Title	<u>Name</u>	Address	Type of Action
MGR	THE GALLERY AT WEST BRICKELL MANA	der, LLC 315 S Biscayne Boulevard, 4th Floor	
		MIAMI, FL 33131	□ Remove
			■ Change
			□ A&d
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<u>Note:</u> If the da	if other than the date of filing:  is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing to inserted in this block does not meet the applicable statutory filing requirements, this date extive date on the Department of State's records.	) :) Pursuent to 605.0207 : will not be listed as
e record spo The 90th d	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. ay after the record is filed.	on the earlier of
Dated	November 21 .2016	क्र
,a.ou	1 A A A A A	NO.
*****	Signature of a member or authorized representative of a member	~ <del></del> 0
	Lauren Horos	
	Vice President Typed or printed name of signed	
	· · · <del>-</del>	

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