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)214-8442

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

THE GALLERY AT WEST BRICKELL, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE GALLERY AT WEST BRICKELL, LLC	4.3 *	
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w Florida document numberL11000128909		
This amendment is submitted to amend the following:		我是了
A. If amending name, enter the new name of the limited liabili	ity company here:	and assigned
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	idress on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	
	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 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>	Address	Type of Action
Chairman	Jorge M. Perez		□Add
			□Remove
			■Change
President	Jon Paul Perez	2850 Tigertail Ave, Suite 800	■Add
		Miami, FL 33133	Remove
			□Change
			DAdd
			Remove
			□ Change
			□ Remove
			Change
			□Add
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in effective date is listed, the date mu	st be specific and cannot be prior to date of lock does not meet the applicable stati	f filing or more than 90 days after filing.; sutory filing requirements, this date	will not occurred:
cument's effective date on the D	epartment of State's records.	, ,	- 55 <u>2</u> 1 − 1
ecord specifies a delayed effective	ve date, but not an effective time, at 1:	2:01 a.m. on the earlier of: (b) Th	e 90th day after th
is filed.			S: ATE
August 9	2021		0,m
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		June 1	
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	Signature of a member or authorized rep	presentative of a treatmen	

Filing Fee: \$25.00