

08/19/2016  
15/2010

ADAMS GALLINAR PA  
Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H16000205801 3)))



H160002058013ABCX

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.  
Account Number : 120000000205  
Phone : (305)416-6800  
Fax Number : (305)416-6811

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

Email Address: dhernandez@agi.law.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
1925 BRICKELL AVE UNIT D1712, LLC**

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

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Corporate Filing Menu

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AUG 22 2016

Y SULKER

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

(((H16000205801 3)))

1925 BRICKELL AVE UNIT D1712, 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 OCTOBER 30, 2007 and assigned Florida document number L07000109883.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

BrickPlace 1712, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or 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 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:

AGI REGISTERED AGENTS, INC.

New Registered Office Address:

1000 BRICKELL AVENUE, SUITE 300

Enter Florida street address

MIAMI

Florida 33131

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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ADAMS GALLINAR PA

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As an authorized person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARIA A. ANTOR	1925 BRICKELL AVENUE	<input type="checkbox"/> Add
		UNIT D 1712	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33129	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

16 AUG 19 AM 11:12  
ALLA MASSIE, FLORIDA

08/19/2016 11:54 3054166811  
If the record specifies any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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16 AUG 19 AM 11:12  
JULIUS G. GALLINAR  
GALLINAR, FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

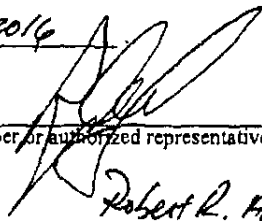
(b) The 90th day after the record is filed.

Dated \_\_\_\_\_

August 19

2016

Signature of a member or authorized representative of a member



Typed or printed name of signer

Robert R. Adams, Authorized Representative