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2015 DEC 21 A 11: 54 SECRETARY OF STATE.

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COVER LETTER

TO:	Registration Se Division of Cor		,	*			
SUBJE	1602 BRIC	KELL PLACE LLC					
3 026	CI	Name of Lim	nited Liability Company				
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please r	eturn all correspo	ondence concerning this matter	to the following:				
		MIRYAN DEL SOCORR	O PLAZA CALERO				
			Name of Person				
			Firm/Company				
		1925 BRICKELL AV, DI					
		Address					
		MIAMI, FL. 33129					
			City/State and Zip Code				
		bosorno@hotmail.com					
		E-mail address: (to be used for future annual report notif	ication)			
For furth	ner information c	oncerning this matter, please ca	all:	TALL	201		
MIRYA	N PLAZA		954 822-2453 at ()	ORE I	5 문	7	
	Name o	f Person	Area Code Daytime	Telephone Number	2 F]	
Enclose	d is a check for th	ne following amount:		STA LORN		•	
\$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &		

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

1602 BRICKELL PLACE LLC			
(Name of the Lim	(A Florida Limited Liab	s it now appears on our recor lity Company)	ds.)
The Articles of Organization for this Limited I	Liability Company we	re filed on 03/02/2009	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liabilit	company here:	
The new name must be distinguishable and contain the Enter new principal offices address, if applia (Principal office address MUST BE A STRE.)	icable: _	Company," the designation "LLi	C" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:	_		
(Mailing address MAY BE A POST OFFICE	BOX)		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office office address here:	s address on our record	is, enter the name of the p
Name of New Registered Agent:	MIRYAN DEL SO	CORRO PLAZA CALERO	PR P T
New Registered Office Address:	1925 BRICKELL		ASSS 2
	MIAMI	Enter Florida street addre	lorida 1927 >

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.

New Registered Agent's Signature, if changing Registered Agent:

X MABILL PLAZA CALEDO

IF Changing Registered Agent, Signature of New Registered Agent

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
MGR	BEATRIZ OSORNO	1925 BRICKELL AV, D1602.	
		MIAMI, FL. 33129	■ Remove
			☐ Change
AMBR	BEATRIZ OSORNO	1925 BRICKELL AV, D1602.	□ Add
		MIAMI, FL. 33129	■ Remove
			Change
MGR	MIRYAN DEL SOCORRO PLAZA	1925 BRICKELL AV, D1602.	■ Add
		MIAMI, FL. 33129	□ Remove
			Change
AMBR	MIRYAN DEL SOCORRO PLAZA	1925 BRICKELL AV, D1602.	_ ■ Add
		MIAMI, FL. 33129	□ Remove
			Change Change DEC 20 Add
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fective date, if other than tan effective date is listed, the date is ote: If the date inserted in this ocument's effective date on the	s block does not e Department of	t meet the app f State's recon	licable statutor; ds.	y filing requireme	ents, this date v	vill not be	listed t
record specifies a delay The 90th day after the r	yed effective record is filed	date, but :	not an effect	ive time, at 1	2:01 a.m. c	there	ırlier
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DEC 16			·		M		
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X MABIAM	PUZA Signature of	CALC a member or au	CO	ntative of a membe	LORI LORI	\ II: 5u	C

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Filing Fee: \$25.00