## L09000043700



1390 Brickell Avenue, Suite 200 Miami, Florida 33131

| (City/State/Zip/Phone #)                |               |             |  |  |  |  |  |
|---|---------------|-------------|--|--|--|--|--|
| PICK-UP                                 | ☐ WAIT        | MAIL        |  |  |  |  |  |
| (Business Entity Name)                  |               |             |  |  |  |  |  |
| (Document Number)                       |               |             |  |  |  |  |  |
| Certified Copies                        | _ Certificate | s of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |               |             |  |  |  |  |  |
|   |               | ·           |  |  |  |  |  |
|   |               |             |  |  |  |  |  |
|   |               |             |  |  |  |  |  |
|   |               |             |  |  |  |  |  |

Office Use Only



700156445557

06/03/09--01023--015 \*\*25.00

FILED

09 JUN -3 PH 12: 46

SECRETARY OF STATE
ORIO

J. BRYAN

JUN -4 2009

**EXAMINER** 

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 3097 BRICKE  | <u>ELL APAR</u>   | <u>IMENI, L</u> | <u>.LC</u>          |                           |
|--|-------------------|-----------------|---------------------|---------------------------|
| (Name of the Limited Liability<br>(A Florida I   | y Company as it   | t now appears   | on our records.)    |                           |
| (A Fiorial)  | Limited Liability | (Company)       |                     | 型公 0 一                    |
| The Articles of Organization for this Limited Liability C  | Company were      | filed on        | May 5, 2009         | rand assigned             |
| Florida document number L09000043700   |                   |                 |                     | BB W                      |
|  | <del>_</del>      |                 |                     | 82 2                      |
|  |                   |                 |                     | - F. S. C.                |
| This amendment is submitted to amend the following:  |                   |                 |                     | 75.                       |
| •  |                   |                 |                     | 第三 古                      |
| A. If amending name, enter the new name of the limit   | ited liability co | ompany here:    | 1                   | 50                        |
| 3907 BRICKE  | ELL APART         | MENT, LLC       | :                   | <i>Y</i> *                |
| The new name must be distinguishable and end with the wor  | rds "Limited Lia  | bility Company  | y," the designation | "LLC" or the abbreviation |
| "L.L.C."   |                   |                 |                     |                           |
| •  |                   |                 |                     |                           |
| Enter new principal offices address, if applicable:  |                   |                 |                     |                           |
| (Principal office address MUST BE A STREET ADDR  | RESS)             |                 |                     |                           |
|  |                   |                 |                     |                           |
|  |                   |                 |                     | <del></del>               |
|  |                   |                 |                     |                           |
| Enter new mailing address, if applicable:  |                   |                 |                     |                           |
| <u> </u>   |                   |                 |                     |                           |
| (Mailing address MAY BE A POST OFFICE BOX)   | -                 |                 |                     |                           |
|  |                   |                 |                     |                           |
|  |                   |                 |                     |                           |
| B. If amending the registered agent and/or regist  | tered office a    | ddress on ou    | r records, enter    | r the name of the new     |
| registered agent and/or the new registered office add  |                   |                 | <u> </u>            |                           |
| Togate and a series and a serie |                   |                 |                     |                           |
| ··   |                   |                 |                     |                           |
| Name of New Registered Agent:  |                   |                 |                     |                           |
|  | •                 |                 |                     |                           |
| New Registered Office Address:   |                   |                 |                     |                           |
|  |                   | Ente            | r Florida street a  | ddress                    |
|  |                   |                 | ***                 |                           |
|  |                   |                 | , Florida _         | Zip Code                  |
|  | City              | ,               |                     | ыр Соае                   |
|  |                   |                 |                     |                           |

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

MGR = Manager

|                     | <u>Name</u>                           | Address  | Type of Action |
|---------------------|---------------------------------------|--|----------------|
| <del></del>         |                                       |  | — E.           |
|                     | <u> </u>                              |  | П р            |
|                     |                                       |  | □ Damaua       |
| <del></del>         |                                       |  |                |
|                     |                                       |  | □ D            |
| <del></del>         | <del></del>                           |  | Add<br>Remove  |
|                     |                                       | nge(s) here: (Attach additional sheets, if nea | eessary.)      |
| . If amen           | ding any other information, enter cha |  |                |
| . If amen<br>—<br>— | ding any other information, enter cha |  |                |
| . If amen           | ding any other information, enter cha |  |                |