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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJI	ECT:10	<u> </u>		
The en	closed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please	return all correspo	ndence concerning this matter to	o the following:	
		Richard	Name of Person	•
			Name of Person	
			Firm/Company	
		21 SE 15 A	renue, 10th Moor	,
		Miami	Florida 33131 City/State and Zip Code	
		PAOLA & IS	twictyundal . Com be used for future annual report notificat	
				ion)
For fu	ther information o	oncerning this matter, please ca	ll:	
_P	PAULA ZASTILLO LIBON at (305) 416-0202 Name of Person Area Code & Daytime Telephone Number			
	Name o	f Person	Area Code & Daytime To	elephone Number
Enclos	sed is a check for the	he following amount:		
□ \$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

1000 BRICKELL A	PARTMENTS, LL	<u>-</u>
(<u>Name of the Limited Liability</u> (A Florida	Company as it now appears of Limited Liability Company)	<u>n our records.</u>)
The Articles of Organization for this Limited Liability C		2 2009 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Company,"	' the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		R 26 AH II
(Mailing address MAY BE A POST OFFICE BOX)		100 1 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
B. If amending the registered agent and/or regist registered agent and/or the new registered office add	ered office address on our ress here:	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	F	
	Florida street address	
	City	, Florida Zip Code
	<i>□ny</i>	Dip Conc

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 MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Francesco Lignonolo	1200 Snikell Arnue Suite 620 Mami, Florida 33131	Add Remove
MER	PAOLA CASTILLO RIBON	500 Brichell Arenue Soute 1020 Miami, Monda 33131	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary	· <i>)</i>
		A	12 APP
_		ASSEE, F.	26 AH
Dated	H 23 , 20	12 DADA	<u></u>
	Signature of a member	Or Authorized representative of a member	11 08
		MARD TOLEDO or printed name of signee	
	1 vpeu	OF DEBLOOK HAIRO OF SIKING	

Page 2 of 2

Filing Fee: \$25.00