Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone

: (305)634-3694

Fax Number

: (305)633-9696

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

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DEC 15 2009

EXAMINER

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Corporate Filing Menu

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12/14/2009

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOSU	R, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears Liability Company)	un aur records.)	
The Articles of Organization for this Limited Liability Companies of Organization for this Limited Liability Companies L0900064187			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lin	bility company here	:	
1200 Bricket	I 1800, LLC		
The new name must be distinguishable and end with the words "Lin" L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	nited Liability Compan	y," the designation "Li	09 DEC 14 AM 9
(Mailing address MAY BE A POST OFFICE BOX)			TATE ORDA
B. If amending the registered agent and/or registered of registered agent und/or the new registered office address he Name of New Registered Agent: New Registered Office Address:	<u>re</u> :	r records, enter th	
	Cla	, Florida	W- 0 - I
New Desistered Agent's Signature if changing Desistered Agent	City		Zip Code
New Mempleral Acant's Nighther it changing Pagisleral Acant	•		

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 Revistered Agent

Page 1 of 2

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If amending the Managors or Managing Members on our records, enter the title, name, and uddress of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Section 1

Title	<u>Name</u>	Address	Type of Action
MGR	Alvaro Castillo	1390 Brickell Avenue Suite 200 Miami, Florida 33131	Add Remove
MGR_	Miguel Acevedo	1390 Brickell Avenue Suite 200 Miami, Floride 33131	☐ Add ☑ Remove
			Add Remove
			Add Remove
	·		Add Remove
<u></u>	-		Add Remove
D. If amer	ading any other information, enter	change(s) bere: (Attach additional sheets, if necessary.)	O9 DEC 14 SECKETARY TALLAHASSE
-			FILED DEC 14 AM 9: 54 RETARY OF STATE AHASSEE, FLORIDA
Dated	December 14 ,	2009	54 ATE RIDA
	Signature of a	member or authorized representative of a member	·
•		Alvaro Castillo Typed or printed name of signes	
		Page 2 of 2	

Filing Fee: \$25.00

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