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| PłCK-UP | ☐ WAIT | MAIL | | | |
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| Certified Copies | Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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SECRETARY OF STATE
TALLAHASSEE, FLORID

S. HAWKES FEB 1 9 2010 EXAMINER

COVER LETTER

| TO: Registration and Division of Control | Section orporations | | | | |
|--|---|--|--|--|--|
| SUBJECT: | Mediterra | neo Brickell LLC | | | |
| | Name of Limi | ted Liability Company | | | |
| The enclosed Articles of | of Amendment and fee(s) are sub | omitted for filing. | | | |
| Please return all corres | pondence concerning this matter | to the following: | | | |
| | | Ivan Sherman | | | |
| | | Name of Person | | | |
| | Me | Mediterraneo Brickell LLC | | | |
| | | Firm/Company | | | |
| 247 SW 8TH Street 359 | | | | | |
| Address Miami, FL, 33130 | | | | | |
| | | | | | |
| | E-mail address: (| stellacu@hotmail.com ddress: (to be used for future annual report notification) | | | |
| For further information | concerning this matter, please of | | , | | |
| | | | 0.4004 | | |
| | van Sherman | at (407) 92 Area Code & Daytime To | 9-1264 | | |
| | | , nea code & say, nine 1 | | | |
| Enclosed is a check for | the following amount: | | | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| Regi | LING ADDRESS: stration Section sion of Corporations | STREET/COURIER Registration Section Division of Corporation | | | |

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | | raneo Brickell LL | | | | |
|----------------------------------|--|---|---------------------------------------|--|--|--|
| (<u>Nar</u> | ne of the Limited Liabilit (A Florida | y Company as it now app Limited Liability Compan | <u>ears on our records.</u>) y) | | | |
| The Articles of Organization for | or this Limited Liability C | Company were filed on | January 27, 2010 | and assigned | | |
| Florida document number | • | | | _ | | |
| | | —· | _ | 1. 1. N | | |
| This amendment is submitted t | o amend the following: | | · · · · · · · · · · · · · · · · · · · | and assigned | | |
| A. If amending name, enter | the new name of the lim | ited liability company l | here: | 150 m | | |
| | | | | | | |
| The new name must be distinguis | shable and end with the wo | rds "Limited Liability Con | npany," the designation "LL | C" or the and relation | | |
| Enter new principal offices a | ddress, if applicable: | | | ······································ | | |
| (Principal office address MUS | ST BE A STREET ADDI | RESS) | | | | |
| | | | | | | |
| | | | | | | |
| Enter new mailing address, i | f applicable: | | | | | |
| Mailing address MAY BE A | POST OFFICE BOX) | | | | | |
| | | | | | | |
| | | | | | | |
| B. If amending the registe | | | n our records, enter the | e name of the new | | |
| registered agent and/or the n | ew registered office add | ress here: | | | | |
| | | | | | | |
| Name of New Register | ered Agent: | | | | | |
| New Registered Office | ce Address: | | | • | | |
| item registered Office | | Enter Florida street address | | | | |
| | | , Florida | | | | |
| | | City | , Fiorida | 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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager MGRM = Managing Member **Title** Type of Action Name Address MGR Shervo Corp ☐ Add 247 SW 8TH Street 359 √ Remove Miami, FL, 33130 Ivan Sherman Jr. MGR 901 Brickell Key Blvd Apt. 908 ✓ Add Miami, FL 33131 ☐ Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Shervo Corp must be removed from being a Manager and Ivan Sherman Jr. must be added to be a new Manager. February 10 Dated __ Signature of a member or authorized representative of a member Ivan Sherman

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00