

L10000009890

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2012 APR 17 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDITERRANEO BRICKELL, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Santiago J. Padilla, Esq.

Name of Person

Law Offices of Santiago J. Padilla, P.A.

Firm/Company

1001 Brickell Bay Drive, Suite 1704

Address

Miami, Florida 33131

City/State and Zip Code

sjp@padillalawoffice.com

E-mail address: (to be used for future annual report notification)

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STATE DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Santiago J. Padilla, Esq.

Name of Person

at (305)

358-1949

Area Code & Daytime Telephone Number

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)

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**

MEDITERRANEO BRICKELL, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/27/2010 and assigned
Florida document number L10000009890.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Rene Buroz

1330 Brickell Bay Drive, CU-I

Miami, Florida 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Rene Buroz

1330 Brickell Bay Drive, CU-I

Miami, Florida 33131

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CLERK OF DISTRICT COURT
MILLER BRICKELL, FL

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Rene Buroz

New Registered Office Address:

1330 Brickell Bay Drive, CU-I

Enter Florida street address

Miami

, Florida

33131

City

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, 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	IVAN SHERMAN	901 Brickell Key Drive Apt 908 Miami, Florida 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	IVAN SHERMAN, JR.	901 Brickell Key Drive Apt 908 Miami, Florida 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	RENE BUROZ	1331 Brickell Bay Drive No. CU-I Miami, Florida 33131	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated April 6 2012



Signature of a member or authorized representative of a member

RENE BUROZ

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 APR 17 PM 3:15

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