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SECRETARY OF STATE

T. CLINE

JUL 25 2011

EXAMINER

COVER LETTER

o Section Corporations		
BRICKEL	L AVENUE LLC	
Name of Lim	ited Liability Company	
of Amendment and fee(s) are sul	bmitted for filing.	
spondence concerning this matter	to the following:	
DARF		
	Name of Person	
SCHREIBER,		<u>.A.</u>
	Firm/Company	
560	00 SHERIDAN STREET	
	Address	
НС	DLLYWOOD, FL 33021	
	City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	<u>P</u> S 22
OVI & SCHDEIBED	054 \ 966-	5600 SSEE
ne of Person	Area Code & Daytime Telep	
or the following amount:		# 10 A S
\$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)
	BRICKEL Name of Lim of Amendment and fee(s) are sull spondence concerning this matter DARF SCHREIBER, 560 HC E-mail address: (on concerning this matter, please of Person or the following amount: [\$30.00 Filing Fee &	BRICKELL AVENUE LLC Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. spondence concerning this matter to the following: DARRYL S. SCHREIBER, ESQ. Name of Person SCHREIBER, SCHREIBER & SCHREIBER, P Firm/Company 5600 SHERIDAN STREET Address HOLLYWOOD, FL 33021 City/State and Zip Code E-mail address: (to be used for future annual report notification) on concerning this matter, please call: RYL S. SCHREIBER at (954) 966-1 Area Code & Daytime Telep or the following amount: \$30.00 Filing Fee & Certificate of Status Certificate Copy

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

BRICK	KELL AVENUE LLC	•		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appea a Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on	07/23/2010	and assigned	
Florida document numberL10000078123	•			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company he	re:		
The new name must be distinguishable and end with the w'L.L.C."	vords "Limited Liability Comp	any," the designation "I	LC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADI	DRESS)			
			£ 23 26	
			P. S. S. C.	
Enter new mailing address, if applicable:			S 10 1	
(Mailing address MAY BE A POST OFFICE BOX)	 			
			i	
			DRID ORID	
B. If amending the registered agent and/or reg		our records, <u>enter t</u>	hename of the new	
registered agent and/or the new registered office ad	<u>ldress here</u> :			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
 -	City	<u> </u>	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> **Name Type of Action Address** MGRM THERESE TOMA 1931 N. 50 AVENUE ☐ Add ✓ Remove HOLYWOOD, FL. 33021 MGRM PATRICK TOMA 629 S. STATE ROAD 7 HOLLYWOOD, FL 33023 ☐ Remove ☐ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary, Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00