Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : PAUL SALVER, P.A.

Account Number : I20020000087

Phone : (954)389~1333

Fax Number

: (954)369-1397

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

Comme i i	Addross:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRILL5002, LLC

Certificate of Status	1
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Page Count	03
Estimated Charge	\$30.00

Electronic Filing Menu

Corporate Filing Menu

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRILL5002, LLC					
(Name of the Limited Liability Compa (A Florida Limited L	ny as (t now appears on our reclability Company)	ords.)			
The Articles of Organization for this Limited Liability Company	were filed on 7/28/10		a	nd assigned	
Florida document number L10000079372					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	lity company here:				
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "L	.LC" or the	abbrevia	tion "L.L.C."	
Enter new principal offices address, if applicable:		i. eg	200		
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	77	
		17.54 20.50		1	
Enter new mailing address, if applicable:		25 OF 1	∞ >-	TE	
(Mailing address MAY BE A POST OFFICE BOX)		: : : ::::::::::::::::::::::::::::::::	<u> </u>	O _	
		<u> </u>	22		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	fice address on our reco	erds, <u>ent</u>	er the 1	name of the n	
New Registered Office Address:		<u> </u>			
	Enter Florida street address				
	Tibe.	, Florida			
New Registered Agent's Signature, If changing Registered Agent:	Ciţv		2-4	Cone	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties	, and I al 05, F.S. (m famili Or, if thi	iar with and is document is	

If Changing Registered Agent, Signature of New Registered Agent

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.

05/18/2015 10:25 9543891397

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	GABRIEL S. DIAZ-SARMIENTO	5600 SW 135 AVE.	
		202A	⊟ Remove
		MIAMI, FL 33183	☐ Change
AP	VANESSA PIEDRAHITA	2721 EXECUTIVE PARK DRIVE	■ Add
		SUITE 4	□ Remove
		WESTON, FL 33331	□ Change
			□ Add
			Remove
		m-e c	D D D nange
		T S S	p L Add
	·	5A 5	Remove
			D Change
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If the date inserted in this block does no ment's effective date on the Department o	f State's records.	ole statutory III	ing requireme	mis, iiis	ONIC WIII	not be iişicu
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ne 90th day after the record is file	d.	an enective	time, at 1.	Z, OI &.	111. 011	the count
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Filing Fee: \$25.00