L11000018818

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DIVISION OF CORPERATIONS

C. LEWIS

DEC 1 7 2012

EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

999 Brickell Property, 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:

Paola Castillo Ribon

Name of Person

999 Brickell Property, LLC

Firm/Company

999 Brickell Avenue, PH1101

Address

Miami, Florida 33131

City/State and Zip Code

pcastillo@isanichyundai.com

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

For further information concerning this matter, please call:

Paola Castillo Ribon

at (305)416-0202

Name of Person

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

2012 DEC 14 PM 1:45

999 BRICKELL PROPER (Name of the Limited Liability Company as it n (A Florida Limited Liability C		
The Articles of Organization for this Limited Liability Company were file Florida document number L11000018818	led on02/11/2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability con	npany here:	•
The new name must be distinguishable and end with the words "Limited Liabi "L.L.C."	ility Company," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		· <u>-</u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address here:	dress on our records, <u>enter t</u>	the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		Zip Code
New Registered Agent's Signature, if changing Registered Agent:		Zip Code
I hereby accept the appointment as registered agent and agree to ac the provisions of all statutes relative to the proper and complete per	ct in this capacity. I further ag formance of my duties, and I c	ree to comply with am familiar with and

company has been notified in writing of this change.

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

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	Address	Type of Action
MGR	Richard G. Toledo, Esq.	999 Brickell Avenue	Add
		Penthouse 1101	Remove
		Miami, Florida 33131	
			Add
			Remove
			Add
			Remove
			_
			Add
			Remove
			_
			Add
			Remove
			Add
			Remove

D. If amending any other info	ormation, enter change(s) here: (Attach additional sheets,	if necessary.) OIVISION DERFIT ED
		2012 DEC 14 PM 1: 46
December 11	201/2	
	Signature of a member or authorized representative of a memb	er
	Paola Castillo Ribon, Manager Typed or printed name of signee	

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Filing Fee: \$25.00