## L11000033423

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		



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05/24/11--01019--007 \*\*25.00

SECRETARY OF STATE

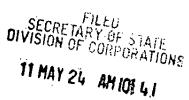
Office Use Only

## **COVER LETTER**

TO:	Registration So Division of Co					
SUBJE	ECT:	1000 BRI				
			ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are su	bmitted for filing.			
Please	return all correspo	ondence concerning this matte	r to the following:			
		ALVARO CASTILLO				
			Name of Person			
Al		/ARO CASTILLO B. P.	A			
			Firm/Company			
1390 BRICKELL AVENUE SUITE 200				TE 200		
		MIAMI FL 33131				
		City/State and Zip Code				
			alcapa@aol.com			
		E-mail address: (	to be used for future annual repo	ort notification)		
For fur	ther information of	concerning this matter, please	call:			
	ALVA	RO CASTILLO	at ( 305 )	371-5540		
Name of Person		Area Code &	Daytime Telephone Number			
Enclose	ed is a check for the	ne following amount:				
<b>▼</b> \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registration Division of Clifton Build	Corporations		

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



1000 E	BRICKELL 215, LLC	on our records \
(A Florid	ity Company as it now appears a Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability	Company were filed on	3/18/2011 and assigned
Florida document number L11000033423	·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company	," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<u> </u>	
<u>(Principal office address MUST BE A STREET ADL</u>	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad	stered office address on ou dress here:	r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	Florida street address
	City	, Florida Zip Code
	Cny	Zip Coae

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> **Address** Type of Action MGR ERNESTO PENTENERO ✓ Add c/o: 1390 Brickell Avenue Remove Suite 200 Miami Florida 33131 ☐ Add Remove ☐ Add ☐ Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated \_\_\_\_\_ May 20 2011 Signature of a member or authorized representative of a member GERARDO GARCIA Typed or printed name of signee

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Filing Fee: \$25.00