

L 11000033424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

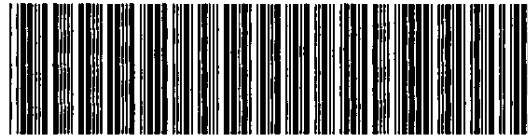
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B. KOHR

OCT 24 2012

EXAMINER



600238082276

08/07/12--01008--022 **25.00

FILED
12 OCT 24 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 13, 2012

MICHAEL MENDEZ
GALEGO LAW GROUP
232 ANDALUSIA AVE., STE. 202
CORAL GABLES, FL 33134

SUBJECT: 1000 BRICKELL HOLDING, LLC
Ref. Number: L11000033424

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for 1000 BRICKELL HOLDING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only the cover letter and the first page of the Amendment form were received.

Please resubmit with the cover letter and BOTH pages of the Amendment form.

Also, please be sure that the new R.A. signs the acceptance statement, and that the second page of the amendment form is signed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Kohr
Regulatory Specialist II

Letter Number: 112A00020781

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1000 Brickell Holding, LLC
Name of Limited Liability Company

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12 OCT 24 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Michael Mendez
Name of Person

Galego Law Group
Firm/Company

232 Andalusia Ave, Suite 202
Address

Coral Gables, FL 33134
City/State and Zip Code

mmendez@galegolaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Mendez at (305) 444-9000
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

1000 Brickell Holding, LLC

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

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12 OCT 24 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/18/2011 and assigned
Florida document number L11000033424.

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**)

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

Name of New Registered Agent:

NCG MANAGEMENT LLC

New Registered Office Address:

232 Andalusia Ave, Suite 202

Enter Florida street address

Coral Gables

Florida

33134

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. On 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

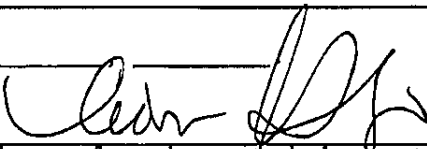
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated 10/24/12



Signature of a member or authorized representative of a member

NORA GALEA

Typed or printed name of signee