

L11000042179

(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:

Office Use Only



400207563304

05/16/11--01040--003 **25.00

FILED
11 MAY 16 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAY 17 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1331 Brickell Bay Drive #3107, 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:

KIM ROBBINS

Name of Person

HARVARD BUSINESS SERVICES, INC.

Firm/Company

16192 COASTAL HIGHWAY

Address

LEWES, DE 19958

City/State and Zip Code

a.yero@amicorp.com

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

FILED
11 MAY 16 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Kim Robbins

Name of Person

at (302)

645-7400 #6121

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**

1331 BRICKELL BAY DRIVE #3107, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 4/7/2011

Florida document number L11000042179

FILED
11 MAY 6 PM 4:29
CLERK OF STATE
TALLAHASSEE, FLORIDA

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)

515 E. PARK AVENUE

TALLAHASSEE, FLORIDA 32301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

c/o Amicorp Switzerland AG

AG Baarerstrasse 75,

CH 6300 Zug, Switzerland

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:

NRAI SERVICES, INC.

New Registered Office Address:

515 E. PARK AVENUE

Enter Florida street address

TALLAHASSEE

City

Florida 32301

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

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ALVARO CASTILLO	1390 BRICKELL AVENUE SUITE 200 MIAMI FLORIDA 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Stichting LLC Management	c/o Amicorp Switzerland AG AG Baarerstrasse 75, CH 6300 Zug, Switzerland	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED
MAY 16 PM 4:29
CLERK OF COURT
STATE OF FLORIDA
TALLAHASSEE

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

Dated / MAY 4 2011

Signature of a member or authorized representative of a member

Alvaro Castillo

Typed or printed name of signee