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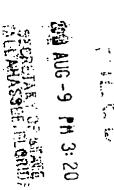
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COVER LETTER

ALC OF A S. C. Brickell Consulting Group, LLC SUBJECT: 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: Alejandro Vimos Name of Person Brickell Consulting Group, LLC Firm/Company P.O. Box 522151 Address Miami, FL 33152 City/State and Zip Code alejandro.vimos@gdl-logistics.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Alejandro Vimos 786 942 5620 Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. □ \$25.00 Filing Fee **■** \$30.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Registration Section

Division of Corporations

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

Brickell Consulting Group, LLC

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

I.	A Florida Limited I	hability Company)	700	
The Articles of Organization for this Limited Lia El11000046803	bility Company	were filed on	and assigned	
This amendment is submitted to amend the follow	wing:		· ·	
A. If amending name, enter the new name of	the limited liabi	ility company here:		
Yume Living, LLC				
The new name must be distinguishable and contain the wo	rds "Limited Liabil	lity Company," the designatio	on "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:		221 Majorca Avenue		
		Suite 201		
		Coral Gables, FL 33134		
		P.O. Box 522151		
(Mailing address MAY BE A POST OFFICE B	<u>20X)</u>	Miami, FL 33152		
B. If amending the registered agent and/o registered agent and/or the new registered off Name of New Registered Agent:	4.7	<u>e</u> :	records, <u>enter the name of the ne</u>	
No D. San LOW Allian	221 Majorca Avenue, Suite 201			
New Registered Office Address:	Enter Florida street address			
	Coral Gables		, Florida	
		City	Zip Code	
New Registered Agent's Signature, if changing Re	egistered 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 605, 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

Page 1 of 3

or removed from our records:

MGR = Manager · AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Melissa Ballesteros	124 Fairwich Court, Tavernier, FL 33070	= Add
			☐ Remove
			Change
MGR	Yubisai La Huerta	15157 SW 13th Place, Sunrise, F1, 33326	■ Add
			☐ Remove
			☐ Change
			Add
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Effectiv	ve date, if other than the date of filing: (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)
(If an effe	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	ent's effective date on the Department of State's records.
the reci	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
	90th day after the record is filed. \land
	August 2
Dated_	
	- Horney
	Signature of a member or authorized representality of a member
	Alejandro Vimos
	Typed or printed name of signee

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Filing Fee: \$25.00