L110000 6343/

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SECRETARY OF STATE OIVISION OF CORPORATIONS

THAMPTON

COVER LETTER

	on Section f Corporations				
SUBJECT:	2410 BR	ICKELL 500 LLC			
	Name of Lin	nited Linbility Company			
The enclosed Articl	es of Amendment and fec(s) are sa	shmitted for filing.			
Please return all con	respondence concerning this matte	a to the following:			
	CARO	LINA AREVALO VERGAR	Α		
		Name of Person	.		
	***************************************	Firm/Company			
259 SW 122 TERRACE					
		Address			
	PEM	BROKE PINES, FL 33025 City/State and Zip Code			
	£-mail address;	ancheros@yahoo.com to be used for future assuud report not	lication)		
For further informat	ion concerning this matter, please	call:			
	ROLINA AREVALO	as (305)	8482584		
Nı	nine of Person	Area Code & Daytiz	ne Telephoea Number		
Enclosed is a check	for the following amount:				
₹ \$25.00 Filing Fe	c S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Centified Copy (additional copy is enclosed	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAILING ADDRESS: Registration Section		STREET/COUR Registration Section			
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building			
Inlighassee FL 32314		266) Executive Center Circle			

Tollahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE DIVISION OF CORPORATIONS

11 JUL 13 PH 12: 11

2410 BRICKELL	500 LLC			
(Name of the Limited Liability Company of (A Florida Limited Liability Company)	(Company)			
The Articles of Organization for this Limited Liability Company were Florida document number <u>L11000063431</u>	Filed on MAY 31st. 2011	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	mpany here:			
2410 BRICKELL 5	0 LLC			
The new name must be distinguishable and end with the words "Limited L"L.L.C."	bility Company," the designation "LLC	or the abbreviation		
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)		<u> </u>		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ldress on our records, <u>enter the</u>	name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
<u></u>	Florida			
Cit	2	Zip Gode		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree to the provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as provi- being filed to merely reflect a change in the registered office addi- company has been notified in writing of this change.	rformance of my duttes, and I am j ed for in Chapter 608. F.S. Or, if the	familiar with and his document is		

 $\mathcal{O}_{\mathcal{I}}$

If Changing Registered Agent, Stemature of New Registered Agent

* If amending the Makagers 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:

Type of Action Title Name Address **MGRM** IVAN DARIO AREVALO V 259 SW 122 TERRACE **⊘** Add Remove PEMBROKE PINES EL 33205 CAROLINA AREVALO V MGRM ✓ Aukl <u>259 SW 122 TERRACE</u> Remove 33205 <u>PEMBROKE PINES, EL</u> **MGRM** GLORIA RUTH BRICEÑO **259 SW 122 TERRACE** □ Remove PEMBROKE PINES, EL **GLORIA LUZ BRICEÑO MGRM 259 SW 122 TERRACE** ☐ Adul PEMBROKE PINES, FL. 33205 7 Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JULY 6th. Dated. Signature of a member or authorized representative of a member IVAN DARIO AREVALO V

Typed or printed name of signer
Page 2 of 2

Filing Fee: \$25.00



MGR - Manager

MGRM - Managing Member