

L12000027589

(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



900223462839

03/01/12--01016--021 \*\*25.00

FILED  
12 MAR - 1 AM 11:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Guilan MAR 2 - 2012

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BRICKELL RENOVATION GROUP 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:

DAVID C. NOLAN

Name of Person

BRICKELL RENOVATION GROUP LLC

Firm/Company

31 SE 5th St. # 3517

Address

MIAMI FL 33131

City/State and Zip Code

RENOVATIONGROUPLLC@GMAIL.COM

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

For further information concerning this matter, please call:

DAVID C. NOLAN

Name of Person

at (305) 343-1140

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

FILED

12 MAR -1 AM 11: 57

BRICKELL RENOVATION GROUP LLC  
(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 27 FEB 2012 and assigned  
Florida document number L12000027589.

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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

*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. 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>	<u>Address</u>	<u>Type of Action</u>
	ARIADNE SINGARES	31 SE 5th St. #3517 MIAMI, FL 33131	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	INGRID TRUJILLO	1395 BRICKELL AVE SUITE 690 MIAMI, FL 33131	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	ANDREW NOGAN	4235 BLOOMINGTON AVE RICHFIELD, MN 55423	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	PHILIP NOGAN	17719 ISLAND INLET CT FT MYERS, FL 33908	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	HELEN NOGAN	17719 ISLAND INLET CT. FT. MYERS, FL 33908	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	MICHAEL FRANK	9063 DUPONT PL WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 27 FEB, 2012

Signature of a member or authorized representative of a member

Typed or printed name of signee

FILED  
12 MAR -1 AM 11:57  
CLERK OF STATE  
TALLAHASSEE, FLORIDA