

L12000027589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

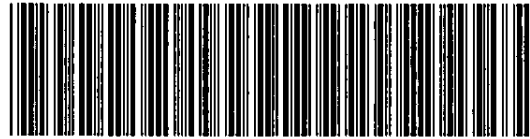
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FILED
12 OCT - 1 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 NOGAN
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. NOGAN at (305) 343-1140
Name of Person 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**

BRICKELL RENOVATION GROUP LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 27 FEB 12 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

Title	Name	Address	Type of Action
MGRM	ARIADNE SINGARES	31 SE 5th St #3517 MIAMI FL 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Luis Trujillo	1395 BRICKELL AVE SUITE 690 MIAMI FL 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ANDREW NOLAN	6235 BLOOMINGTON AVE RICHFIELD, MN 55423	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	PHILLIP NOLAN	17719 ISLAND INLET CT. FT. MYERS FL 33908	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	HELEN NOLAN	17719 ISLAND INLET CT. FT. MYERS FL 33908	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MICHAEL FRANK	9063 DUPONT PL WELLINGTON, FL 33414	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

Dated

27 SEP

2012

Signature of a member or authorized representative of a member

DAVID C. NOLAN

Typed or printed name of signee