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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

B. KOHR

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EXAMINER



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COVER LETTER

TO: Registration Section Division of Corporations	
Division of Corporations SUBJECT: BRICKELL ON THE RIVER 4314 LLC Name of Limited Liability Company	
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing.	100
Please return all correspondence concerning this matter to the following:	
JOSE GARASTON Name of Person	
BRICKEN ON THE RIVER 4314, LLC Firm/Company	
1200 BRICKELL AVE SUITE 1480	
MAMI FC 33131 City/State and Zip Code	
RESPINOZA @ GPGWOH GROUP · WM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
ROSMARA E8PINOZA at (786) 999-8458 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \text{(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

ARTICLES C	OF ORGANIZATION	ON	
•	OF		
BRICKELL ON THE (Name of the Limited Liability C (A Florida Lin	RIVER 4314 ompany as it now appears nited Liability Company)	S on our records.)	A 25 PX 3
The Articles of Organization for this Limited Liability Con	npany were filed on	36 28,2012	_ and assigned
Florida document number <u>L1Z0000 78429</u>		·	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here	:	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Compar	ıy," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE.	SS)	<u> </u>	
Enter new mailing address, if applicable:			•
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		ur records, <u>enter the</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:	Ente	er Florida street addre	tss
		. 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:

	Manager = Managing Mei	nber		
<u>Title</u>	<u>Name</u>		Address	Type of Action
MGR	<u>Jose</u>	GARASTON	1200 BRICKEN AVE SUTE 1480 MANU ITZ 33131	Add Remove
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				Add Romove
		······································		Add Remove
				Add Remove
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D. If am	ending any othe	· information, enter change(	(s) here: (Attach additional sheets, if necessary.)	<b></b> .
				<b></b>
				<del></del>
Dated		J. J		
			or authorized representative of a member.  The printed name of signee	
			Page 2 of 2	

Filing Fee: \$25.00