L12000099919

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12 SEP 21 AM II: 29

TO: Registration S ¿Division of Co			,
SUBJECT:	1200-2809 Brickell LLC		
		ed Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		isette Salazar, Esq.	
		Name of Person	
	<u> </u>	sette Pie Salazar PA	
		Firm/Company	
	200	Crandon Blvd. Suite 31	11
		Address	
	Ke	y Biscayne, Fl. 33149	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		salazarlaw@aol.com	
		o be used for future annual repor	t notification)
For further information	concerning this matter, please of	all:	
Liset	tte Salazar, Esq	at (_ 305_)	361-6161
	of Person		Paytime 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 end	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		Registration : Division of C Clifton Build	Corporations ling
Tailahassee, FL 32314		2661 Executi	ive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

12 SEP 21 AM H: 29

1200-2809 Brickell LLC

SLUTT ARY OF STATE

[Name of the Limited Liability Company as it now appears on our records.]

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on	08/03/2012	and assigned .
Florida document numberL12000099919			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	90 SW 3 Str	eet, Suite 3709	
(Principal office address MUST BE A STREET ADDRESS)	Miami, Floric	la 33130	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	Ei	nter Florida street add	ress
		, 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 = N	Managing Member		
<u>Title</u>	Name	Address	Type of Action
	•		Add Remove
<u></u>			
			Add Remove
			<u> </u>
D. If amen	ding any other information, ent	er change(s) here: (Attach additional sheet	12 SEP 21 AH 11: 38 12 SEP 21 AH 11: 38 13 SELLAHASSEL: FLORIDA
Dated	September 3,	, 2012	_
		Malle	2
	Signature of	a member or authorized representative of a me	HIDCI
		Lisette Salazar, Esq. Typed or printed name of signee	

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Filing Fee: \$25.00