

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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보면	Doing so will generate another cover sheet.	
SECRETARY OF STATELLAHASSEE, FLOI	Division of Corporations Fax Number : (850)617-6383 Account Name : EMPIRE CORPORATE KIT COMPANY Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696	13 FEB 21

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN B-1503 BRICKELL PLACE LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B-1503 BRICKELL PLACE LLC				30
(Name of the Limited Liab (A Flori	ility Company da Limited Lia	ns it now app bility Compan	y)	6
The Articles of Organization for this Limited Liability Florida document number L13000008609	ty Company w	rere filed on ;	JANUARY 16, 2013	_ and assigned
This amendment is submitted to amend the following				LORIDA LORIDA
A. If amending name, enter the new name of the	limited liabil	ity company	pere:	·
N/A				
The new name must be distinguishable and end with the "L.L.C."	words "Limite	d Liability Co	mpany," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:	:	N/A		
(Principal office address MUST BE A STREET AL	DRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	N/A		
B. If amending the registered agent and/or re registered agent and/or the new registered office	egistered offi address here:	ce address (on our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	I/A			
New Registered Office Address:)/A			
	Enter Florida street address			aress
_			Florida	
_		City		Zip Code
New Registered Arent's Signature, if changing Regis	tered 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, Stenature of New Registered Agent

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11200815.

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 = Mar MGRM = M	nsger Ianaging Member		
Title	Name	Address	Type of Action
MGRM	LILIANA ARGUELLO	C/O 1001 BRICKELL BAY DRIVE, SUITE 3112	2 Add
		MIAMI, FL 33131	Remove
MGR	EMILIO ARGUELLO	C/O 1001 BRICKELL BAY DRIVE, SUITE 3112	Z Add
		MIAMI, FL 33131	Remove
			Add Remove
			Add
			Add Remove
			Add Remove

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D. If a	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
	N/A		
Dated.	February 21 . 2013.		
	Signature of a internet or authorized representative of a member		
	MARITZA E. PEREZ, AUTHORIZED REPRESENTATIVE		
	Typed or printed usine of signee		
	— • • • •		

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