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(Re	questor's Name)	
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SECRETARY OF STATE
TALLAMASSEE, FLORIDA

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COVER LETTER

	COVER EETTER		
TO: Registration S Division of Co			
SUBJECT: Saca	a 1060 Brickell 1911, LLC		
	Name of Limited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.		
Please return all corresp	pondence concerning this matter to the following:		
	David Nunes		
	Name of Person		
	Firm/Company		
	2101 Brickell Avenue #3401		
	Address	—	
	Miami, Florida 33129	% 11 % 3 % 6 % 6 % 6 % 6 % 6 % 6 % 6 % 6 % 6	******
	City/State and Zip Code	ETARN HASS	مسيد مستو ق
•	E-mail address: (to be used for future annual report notification)		
For further information	concerning this matter, please call:	ESTA PIC	
David Nun	nes 786,469-9693	10 _A	
Name	c of Person Area Code & Daytime Telephone No	ımber	
David Nun	n concerning this matter, please call: 100 100 100 100 100 100 100 100 100 10	SECRETARY OF STATE SALLAHASSEE, FLORIDA	

Enclosed is a check for the following amount:

a \$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

Saca 1060 Bricke	•	
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our recor a Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability	Company were filed on 05/15/13	and assigned
Florida document number L13000071533	·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and end with the w"L.L.C."	ords "Limited Liability Company," the design	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		至
(Principal office address MUST BE A STREET ADL	DRESS)	SSE
Enter new mailing address, if applicable:		22 20
(Mailing address MAY BE A POST OFFICE BOX)		
•		
B. If amending the registered agent and/or reg		enter the name of the new
registered agent annior the new registered office au	ures here.	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	oot addross
	, Flor	ida 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 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>T</u>	ype of Action
MGR	David Nunes	2101 Brickell Avenue #3401	✓ Add
		Miami, Florida 33129	Remove
			-
			Add
		SECRE ALLAR	Remove
		ASSEC, FLORIDA	- 12
			Add Add Remove
			Add
			Kellove
			Add
		1	Remove
			Add
			Remove

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Sept. 03	2813
Signature	e of a member or multiprized representative of a member

Page 3 of 3

Filing Fee: \$25.00

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AND AHASSEC, FLORIDA