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S. YOUNG

COVER LETTER

TO: Registration Section Division of Corpor	on Cations				
CT I'M TEL COM.	PENTHOUSI	E 06 BRICKELL, LLC			
SUBJECT:	Name of Lim	ited Liability Company			
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The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.			
Please return all corresponde	ence concerning this matter	to the following:		,	
		Avi Tryson			-
		Name of Person		型船 6	
	GOEDE,	ADAMCZYK & DEBOEST, PLLC			i
** **		Firm/Company		元 · 下	<u>:</u> .,
	8950 FON	TANA DEL SOL WAY, SUITE 100	ı	-8 P	G TÎ
		Address		PH IZ	
. •		NAPLES, FL 34109		75 Z	
		City/State and Zip Code nati.peled@gmail.com		•	
-	E-mail address: (to be used for future annual report notif	ication)		
For further information conc	erning this matter, please c	all:			
Nathan Pe	led	at (
Name of Pe	rson		e Telephone Number		
w.y. 11	***		•		
Enclosed is a check for the f	ollowing amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status				

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

PENTHOUSE 06 BRICKELL, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 06/20/2013 The Articles of Organization for this Limited Liability Company were filed on and assigned L13000089080 Florida document number 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 contain 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

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 605, 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

i amending A or removed fr	om our records:	s) authorized t	o mana	age, enter the title, name, and addre	ss of each person being ac
MGR = Mar MBR = Aut	nager horized Member				
<u>itle</u>	<u>Name</u>	<i>:</i>		Address	Type of Action
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