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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EPGD ATTORNEYS AT LAW, P.A.

Account Number : I20140000049 Phone : (786)837-6787

Fax Number : (305)718-0687

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

Email	Address:			_	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRP BRICKELL HOUSE, LLC

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Help

J. HARRIS

COVER LETTER

TO:	Registration Se Division of Cor					
SUBJ	ECT: BRP BR	ICKELL HOUSE, LLC				
			ited Liability Company			
		Amendment and fee(s) are submitted	<u>-</u>			
		ERIC P. GROS-DUBOIS,	ESQ.			
			Name of Person			
EPGD ATTORNEYS AT LAW, P.A.						
Firm/Company						
2701 PONCE DE LEON BLVD STE. 202						
		· · · · · · · · · · · · · · · · · · ·	Address			
	CORAL GABLES, FL 33134					
		ERIC@EPGDLAW.COM	City/State and Zip Code			
		E-mail address: (to be used for future annual report notifi-	cation)		
For fi	urther information c	oncerning this matter, please ca	ail:			
ERIC P. GROS-DUBOIS, ESQ.			786 837-6787	·		
Name of Person		f Person		Telephone Number		
Encid	osed is a check for the	ne following amount:				
₽ \$	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)		
	MAIL	ING ADDRESS:	STREET/COURIE	CR ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations Clifton Building
5 2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabil	lty Company as it now appears on ou a Limited Liability Company)	r records.)		
The Articles of Organization for this Limited Liability (Florida document number	00/03/201		_ and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company here:			
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designati	ion "LLC" or the abbre	viation *1	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)	<u> </u>	-,	
		35 F	<u></u>	
		ر الراب الراب الراب الراب الراب	, Q	e a reservi
Enter new mailing address, if applicable:	**************************************	- ا <u>بن</u> د ابن	7250	
(Mailing address MAY BE A POST OFFICE BOX)	**************************************	<u> </u>	·	-
		3.2 2.2 0.m		
B. If amending the registered agent and/or registered agent and/or the new registered office add		Þ	_	of the n
Name of New Registered Agent:				·····
New Registered Office Address:	Enter Florida stre	net address		<u> </u>
	Liner; Williams			
		. Florida		

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	LESLEY BELL	5600 NE 5TH AVE	≅ Add
		MIAMI, FL 33137	
			□ Remove
			□ Change
			□ Add
			☐ Remove
	•		☐ Change
			Remove Change 1
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	delayed effective	ing: and cannot be prior to date of filing t meet the applicable statutor f State's records. e date, but not an effect d.			
JULY 7 Dated		2016			
		The		16 SEC	
	Signature of	a member or authorized represen		1000	, L
•	thi.	Gos Dubois +	Sq. ATTOR	RNEY OF RECORD	च्यांत्र पुरुषक प्रकार १
		Typed or printed name of sig	nec '	- 19 A	, F
		-		8: STA LOR	
		Page 3 of 3			

Filing Fee: \$25.00