

Division of Corporations

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L13000156231

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : THE SCHIFFMAN LAW GROUP, P.A.
Account Number : I20000000100
Phone : (305) 682-1328
Fax Number : (305) 682-0063

2017 NOV 16 PM 3:50

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
BRICKELL ECHO LPH 5002, LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 NOV 16 AM 11:00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BRICKELL ECHO LPH 5002, LLC

(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 NOVEMBER 6, 2013 and assigned Florida document number LI3000156231.

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:

2875 NE 191 STREET

(Principal office address MUST BE A STREET ADDRESS)

SUITE 500

AVENTURA, FL 33180

Enter new mailing address, if applicable:

2875 NE 191 STREET

(Mailing address MAY BE A POST OFFICE BOX)

SUITE 500

AVENTURA, FL 33180

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:

ADAM R. SCHIFFMAN, ESQUIRE

New Registered Office Address:

2875 NE 191 STREET, SUITE 500

Enter Florida street address

AVENTURA

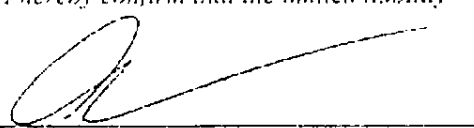
City

Florida 33180

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 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:

MGRM = Manager
 AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------|----------------------|--|
| MGRM | CHRISTINA SCHOLZEL | 20801 BISCAYNE BLVD. | <input type="checkbox"/> Add |
| | | SUITE 308 | <input checked="" type="checkbox"/> Remove |
| | | AVENTURA, FL 33180 | <input type="checkbox"/> Change |
| MGRM | ROBERT FIREWORKER | 2875 NE 191 STREET | <input type="checkbox"/> Add |
| | | SUITE 500 | <input type="checkbox"/> Remove |
| | | AVENTURA, FL 33180 | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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| | | | <input type="checkbox"/> Change |

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

Multiple horizontal lines for amending information.

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FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated NOVEMBER 16, 2017

Robert L. ...
Signature of a member or authorized representative of a member

ROBERT FIREWORKER
Typed or printed name of signer