

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 : 120000000100
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 5001, LLC

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

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

17 NOV 16 AM 11:04

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRICKELL ECHO LPH 5001, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ADAM R. SCHIFFMAN, ESQUIRE

Name of Person

THE SCHIFFMAN LAW GROUP, P.A.

Firm/Company

2875 N.E. 191 STREET, SUITE 500

Address

AVENTURA, FL 33180

City/State and Zip Code

ADAM@REALATTY.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADAM R. SCHIFFMAN, ESQUIRE

at (305) 682-1328

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

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

BRICKELL ECHO LPH 5001, 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 DECEMBER 11, 2013 and assigned
Florida document number 113000171201

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

Title	Name	Address	Type of Action
MGRM	STUART POSNER	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
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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ALLIANCE FLORIDA

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be on or after 12/31/2017.)

(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.

(b) The 90th day after the record is filed.

Dated NOVEMBER 16 2017

Robert L. L...
Signature of a...

Signature of a member or authorized representative of a member

ROBERT FIREWORKER

Typed or printed name of signer

Page 3 of 3
Filing Fee: \$25.00

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17 NOV 16 AM 11:04
U.S. DISTRICT COURT
NORTH DAKOTA
GRAND JURY