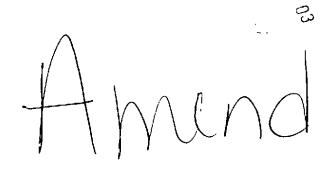
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APR 2/3 2019

I ALBRITTON

COVER LETTER

	L VIEW CONDO 1, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DATAN DOROT		
		Name of Person	
	DOROT & BENSIMON P	L	
		Firm/Company	
	20295 NE 29TH PL STE 2	201	
		Address	
	AVENTURA, FL 33180		
		City/State and Zip Code	
	CORPORATE@DORBENG		
	E-mail address: (t	to be used for future annual report notifi	cation)
for further information of	oncerning this matter, please ca	all:	
DATAN DOROT		305 921-9421	
Name of Person Ar		at () 921-9421 Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filling 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

and assigned and assigned BRICKELL VIEW CONDO 1, 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 $\frac{01/31/2014}{2}$ 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 "LLC." 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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida ___

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DAHDAH, JORGE	1250 EAST HALLANDALE BEACH BLVD STE 1002	
		HALLANDALE BEACH, FL 33009	■ Remove
			Change
MGR	SAYEGH, MAGALY	1250 EAST HALLANDALE BEACH BLVD STE 1002	
		HALLANDALE BEACH, FL 33009	■ Remove
			Change
MGR	ALICIA DAHDAH	1250 EAST HALLANDALE BEACH BLVD STE 1002	= Add
		HALLANDALE BEACH, FL 33009	□ Remove
			☐ Change
MGR	ALAN DAHDAH	1250 EAST HALLANDALE BEACH BLVD STE 1002	_ ⊞ Add
		HALLANDALE BEACH, FL 33009	□ Remove
			Change
MGR	ANTOINE DAHDAH	1250 EAST HALLANDALE BEACH BLVD STE 1002	⊒ Add
		HALLANDALE BEACH, FL 33009	□ Remove
			□ Change
			□ Add
			☐ Remove
			□ Change

	04/02/2019
Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee