

L14000029878

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

From: Account Name : BARBOSA LEGAL  
Account Number : T20110000049  
Phone : (305) 501-4680  
Fax Number : (305) 359-9543

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

Email Address: bbarbosa@barbosalegal.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BRICKELL 3009 LLC

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H15000214495 3

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BRICKELL 3009 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:

**Bruna Barbosa**

Name of Person

**Barbosa Legal**

Firm/Company

**407 Lincoln Road, PH-NE**

Address

**Miami Beach, FL 33139**

City/State and Zip Code

**bbarbosa@barbosalegal.com**

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

For further information concerning this matter, please call:

**Bruna Barbosa**

Name of Person

at **(305) 501-4680**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &  
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\$55.00 Filing Fee &  
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(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

H15000214495 3

H15000214495 3  
ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

2015 SEP -4 AM 8:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BRICKELL 3009, 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 02/20/2014 and assigned Florida document number L14000029878.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1025 SE MIAMI AVENUE ROAD #2409

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33131

Enter new mailing address, if applicable:

407 LINCOLN ROAD, PH-NE

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI BEACH, FL 33139

**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:

BARBOSA LEGAL

New Registered Office Address:

407 LINCOLN ROAD, PH-NE

*Enter Florida street address*

MIAMI BEACH

Florida 33139

*City*

*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.*

/s/ Bruna Barbosa

If Changing Registered Agent, Signature of New Registered Agent

H15000214495 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

H15000214495 3

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 5<sup>th</sup>, 2015

*Fernando Ullmann*

Signature of a member or authorized representative of a member

**Fernando Ullmann, Director of Bissfield Limited**

Typed or printed name of signer

Page 3 of 3

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H15000214495 3