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JUN - 4 2014

T. BROWN

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

BB BRICKELL USA, 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:

IAN ILLYCH MARTINEZ, ESQ.

Name of Person

BELLO, MARTINEZ & RAMIREZ

Firm/Company

800 DOUGLAS ROAD, SUITE 149

Address

CORAL GABLES FL 33134

City/State and Zip Code

imartinez@bmrlawgroup.com

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

For further information concerning this matter, please call:

IAN ILLYCH MARTINEZ, ESQ.

305, 442-7970

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**

AR	TICLES OF AMENDMENT
	TO x
ART	FICLES OF ORGANIZATION
	OF The The Table 1
BB BRICKELL USA, LLC	
(Name of the Lim	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
	(11 torial Elimina Sillomy Company)
The Articles of Organization for this Limited I	Liability Company were filed on 03/06/2014 and assigned
Florida document numberL14000037791	
This amendment is submitted to amend the fol	lowing:
A. If amending name, enter the new name	of the limited liability company here:
N/A	
	e words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:
(Principal office address MUST BE A STRE	ET ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	T ROY)
Internet warrest MATT BISTIT OF OTT TOL	- DOM
	
B. If amending the registered agent and	l/or registered office address on our records, enter the name of the new
registered agent and/or the new registered of	
	_
Name of New Registered Agent:	BELLO, MARTINEZ & RAMIREZ, P.L.
•	200 DOLIGI AS DOAD, SHITE 440
New Registered Office Address:	800 DOUGLAS ROAD, SUITE 149 Enter Florida street address
	CORAL GABLES , Florida 33134
	City Zip Code
New Registered Agent's Signature, if changing	Registered Agent:
provisions of all statutes relative to the prop accept the obligations of my position as reg	ed agent and agree to act in this capacity. I further agree to comply with the per and complete performance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S. Or, if this document is registered office address. Hiereby donfirm that the limited liability is change.
	If Changing Registered Agent, Signature of New Registered Agent
	Page 1 of 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>	Name	Address	Type of Action
AMBR	FDG BRICKELL, LLC	11890 SW 8 STREET, STE 202, MIAMI, FL 33184	1 ■ Add
			🗆 Remove
AMBR	ECCO INVESTMENTS CORP.	1760 N.W. 22ND STREET, MIAMI, FL 33142	■ Add
			□ Remove
AMBR	C&E BRICKELL, LLC	8400 NW 36TH STREET, #200, DORAL, FL 33166	 B Add □ Remove
AMBR	GUTIERREZ B & B BRICKELL, LLC	1825 NW 112TH AVE, STE 156, MIAMI, FL 33172	-
			_■ Add _□ Remove
			_□ Add
			_□ Remove
		· · · · · · · · · · · · · · · · · · ·	_□ Add
			☐ Remove
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	e date, if other than the date of filing:	
The effect	e date, if other than the date of filing: tive date must be specific, cannot be prior to date of receipt or filed date and can be determined by the florida Department of State)	
The effect the date t	tive date must be specific, cannot be prior to date of receipt or filed date and ca his document is filed by the Florida Department of State)	
The effect the date t	tive date must be specific, cannot be prior to date of receipt or filed date and ca	
The effect the date t	tive date must be specific, cannot be prior to date of receipt or filed date and ca his document is filed by the Florida Department of State)	
The effect the date t	tive date must be specific, cannot be prior to date of receipt or filed date and ca his document is filed by the Florida Department of State)	annot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00