

L14000037791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

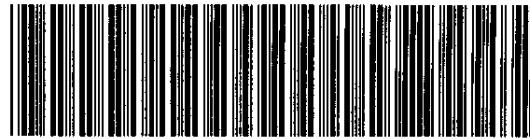
(Business Entity Name)

(Document Number)

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08/25/14--01022--007 **25.00

EFFECTIVE DATE
8/25/14

FILED
14 AUG 25 AM 10:45
STATE OF FLORIDA
TALLAHASSEE FIC/MSA

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

EFFECTIVE DATE
8/20/14

BB BRICKELL USA, 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 03/06/2014

Florida document number L14000037791

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:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

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.

If Changing Registered Agent, Signature of New Registered Agent

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>
AMBR	SUNRISE MANAGEMENT PARTNERS, LLC.	11890 SW 8TH STREET, Suite 202	<input checked="" type="checkbox"/> Add
		Miami FL 33184	<input type="checkbox"/> Remove
MGR	CARLOS EKMEIRO	8400 NW 36TH STREET	<input type="checkbox"/> Add
		MIAMI FL 33166	<input checked="" type="checkbox"/> Remove
MGR	ECCO INVESTMENTS CORP	1760 NW 22ND STREET	<input type="checkbox"/> Add
		MIAMI FL 33142	<input checked="" type="checkbox"/> Remove
MGR	FDG BRICKELL, LLC.	11890 SW 8TH STREET SUITE 202	<input type="checkbox"/> Add
		MIAMI FL 33184	<input checked="" type="checkbox"/> Remove
AMBR	C&E BRICKELL, LLC.	8400 NW 36TH STREET NO. 200	<input type="checkbox"/> Add
		DORAL FL 33166	<input checked="" type="checkbox"/> Remove
AMBR	GUTIERREZ B&B BRICKELL, LLC.	1825 NW 112TH AVE. SUITE 156	<input type="checkbox"/> Add
		MIAMI FL 33172	<input checked="" type="checkbox"/> Remove

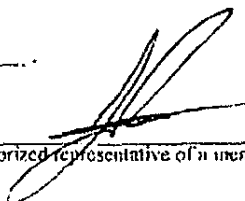
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TALLAHASSEE, FLORIDA

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

N/A

E. Effective date, if other than the date of filing: 08/20/2014 (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 2014


Signature of a member or authorized representative of a member

LUIGI RANIERI

Typed or printed name of signer

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Filing Fee: \$25.00

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