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C Kinsey

COVER LETTER

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:			
	Humberto E. Ruiz				
	Name of Person				
	Ruiz & Company				
	Firm/Company				
	2385 N.W. Executive Cent	er Drive, Suite 100			
	Address				
	Boca Raton, FL 33431				
	humberto@rttizandcompany				
Use Brethoe in Passantian o	e-mail address: (to be used for future annual report notifi	cation)		
Humberto E. Ruiz	oncerning this matter, prease of	561 443-7191 at ()			
Name o	d Person		Telephone Number		
Enclosed is a check for the	he 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 Stat Certified Copy (additional copy is en		

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

TO ARTICLES OF ORGANIZATION OF

1010 Brickell 2201, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Lumited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 14, 2014 Florida document number L14000043018 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 abbrevia 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 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 provisions of all statutes relative to the proper and complete performance of my duties, and I am family accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if the being filed to merely reflect a change in the registered office address, I hereby confirm that the limited company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Register-

, Florida

City

or removed from our records,

MGR = Manager AMBR = Authorized Member

<u>Title</u> AMBR	<u>Name</u> Humberto E. Ruiz	Address <u>T</u> 2385 N.W. Executive Center Drive Suite 100
		Boca Raton, FL 33431
AMBR	Seratina Rita Nelcha	2385 N.W. Executive Center Drive Suite 100
		Boca Raton, FL 33431
		

If amending at	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
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(If an effective	(optional) e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursue date inserted in this block does not meet the applicable statutory filing requirements, this date will not seffective date on the Department of State's records.
If the record	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on th th day after the record is filed.
Sep	2019
Dated	Signature of a member or authorized representative of a member
	Enma Rahn De Suarez
	Typed or printed name of signee

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Filing Fee: \$25.00