

L14000043F95

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

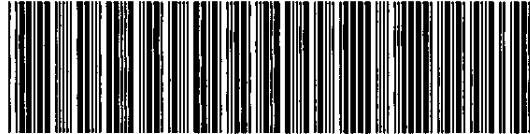
(Business Entity Name)

(Document Number)

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FILED  
16 JAN -4 AM 9:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 06 2016

J SHIVERS

# BRICKELL KEY CAPITAL

PRIVATE MORTGAGE LENDER  
+ LOAN SERVICING

[www.BrickellKeyCapital.com](http://www.BrickellKeyCapital.com)

801 Brickell Avenue, 9<sup>th</sup> Floor  
Miami, FL 33131

T. 305.325.1010  
F. 305.377.2161

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12/31/2015

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: First Amendment to Articles of Organization for Brickell Key Capital LLC

Dear Division,

I have enclosed:

- 1-Original First Amendment to Articles of Organization for Brickell Key Capital, LLC; and
- 2-Check for \$25.00 payable to Florida Dept of State

If you have any questions, you may contact me at 305.325.1010 or via email at [Hugo@BrickellKeyCapital.com](mailto:Hugo@BrickellKeyCapital.com).

Sincerely,  
BRICKELL KEY CAPITAL

*Hugo Dorta*

Hugo Dorta, Founder | Owner

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BRICKELL KEY CAPITAL, 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:

HUGO DORTA

\_\_\_\_\_  
Name of Person

BRICKELL KEY CAPITAL, LLC

\_\_\_\_\_  
Firm/Company

801 BRICKELL AVENUE, 9th FLOOR

\_\_\_\_\_  
Address

MIAMI, FL 33131

\_\_\_\_\_  
City/State and Zip Code

Hugo@BrickellCapital.com

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

For further information concerning this matter, please call:

HUGO DORTA

305 450.6000  
\_\_\_\_\_  
at ( )  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

BRICKELL KEY CAPITAL, 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 03-17-2014 and assigned  
Florida document number L14000043895.

This amendment is submitted to amend the following:

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

BRICKELL CAPITAL, LLC

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

**Enter new principal offices address, if applicable:**

801 BRICKELL AVENUE, 9th FLOOR

**(Principal office address MUST BE A STREET ADDRESS)**

MIAMI, FLORIDA 33131

**Enter new mailing address, if applicable:**

801 BRICKELL AVENUE, 9th FLOOR

**(Mailing address MAY BE A POST OFFICE BOX)**

MIAMI, FLORIDA 33131

**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:

HUGO DORTA

New Registered Office Address:

801 BRICKELL AVENUE, 9th FLOOR

*Enter Florida street address*

MIAMI

*City*

Florida

**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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	HUGO DORTA	801 BRICKELL AVE, 9th FLOOR	<input type="checkbox"/> Add
		MIAMI, FL 33131	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

1) NO OTHER AMENDMENTS.

16 JAN -4 AM 9:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** JANUARY 1, 2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

Signature of a member or authorized representative of a member

HUGO DORTA

Typed or printed name of signee