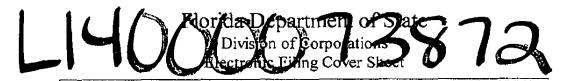
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Division of Corporations

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From:

Account Name : SERVICIOS COMUNITARIOS LATINOS IN

Account Number : 120080000080

: (305)642-1090

Phone Fax Number

: (305)642-1010

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

Email	Address:		 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRICKELL CITY RENTALS LLC

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COVER LETTER

TO:

Registration Section
Division of Corporations

CIIR IFCT.

BRICKELL CITY RENTALS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(5) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Juan C. Cachoua

Name of Person

BRICKELL CITY RENTALS LLC

Firm/Company

777 BRICKELL AVE Ste 950

Address

Miami, FL. 33131

City/State and Zip Code

jcachoua@italiannis.com

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

For further information concerning this matter, please call:

Juan C. Cachoua

_{ar} 305 , 961-118

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

(CH1400011287131)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRICKELL CITY RENTALS LLC		
(Name of the Limited Liability Comme (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 05/07/2014	and assigned
Florida document number L14000073872		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
N/A		
The new name must be distinguishable and end with the words "Limited Lial	bility Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	D.
(Principal office address MUST BE A STREET ADDRESS)		SE OF SECOND
		70
Enter new mailing address, if applicable:	N/A	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
(Mailing address MAY BE A POST OFFICE BOX)	•	= ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ±
		F 35
		- **.
B. If amending the registered agent and/or registered office address her		er the name of the new
Name of New Registered Agent: N/A	·	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	<u></u>
	Cliy	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>!</u>	

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

Page 1 of 3

MGR = Manager

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p.4

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:

AMBR = Authorized Member **Title** <u>Name</u> <u>Address</u> Type of Action 777 BRICKELL AVE STE 950 **MGRM** CASPIAN TRADERS SLP MIAMI, FL 33131 Remove 777 BRICKELL AVE STE 950 **MGRM** CONCORD SCOTLAND SLP MIAMI, FL 33131 ■ Remove _□ Add □ Komov ☐ Remove □ Add _□ Remove

Page 2 of 3

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N/A	
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	(optional) n 90 days aster
Tective date, if other than the date of filing: reflective date, if other than the date of filing: reflective date name be specific, cannot be prior to date of receipt or filed date and cannot be more that e date this document is filed by the Florida (hapartment of State) seed MAY 12th	(optional) n 90 days alter

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