# L14000139985

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SECRETARY OF STATE
AND AHASSEE, FLORID

J. HARRIE

## **COVER LETTER**

	ition Section of Corporations	
BR SUBJECT:	RICKELLHOUSE 2707 LLC	
30b0EC1	Name of Limited Liability Company	_
	icles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following:	
	STEVEN P. OPPENHEIM	
	Name of Person	
	BRICKELLHOUSE 2707 LLC	
	Firm/Company	
	1835 E. HALLANDALE BEACH BLVD, #368	
	Address	
	HALLANDALE BEACH, FL 33009	
	City/State and Zip Code SPO@ATTGLOBAL.NET  E-mail address: (to be used for future annual report notification)	
For further inform	nation concerning this matter, please call:	
STEVEN P. 0	OPPENHEIM 305 371-8555	
	Name of Person Area Code Daytime Telephone Nur	nber
Enclosed is a chec	ck for the following amount:	
■ \$25.00 Filing	Certificate of Status Certified Copy Certi (additional copy is enclosed) Certi	D Filing Fee, ficate of Status & fied Copy ional 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

### **BRICKELLHOUSE 2707 LLC**

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida Ellinted E	лаотиу Сотрану)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000139985</u> .	were filed on SEPT	EMBER 8, 2014 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDRESS)		SEC
		DEC AHA
		C 23 TARY ASSE
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		$-\omega$
		L: LI
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:		records, enter the name of the no
New Registered Office Address:	p	
	Enter Florida st	reet aaaress
•••		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete		

If Changing Registered Agent, Signature of New Registered Agent

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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	STEVEN P. OPPENHEIM	1835 E. HALLANDALE BEACH BLVD.	Add
		#368	■ Remove
		HALLANDALE BEACH, FL 33009	
MGR	IGNACIO VIDAGUREN	1835 E. HALLANDALE BEACH BLVD.	■ Add
		#368, C/O STEVEN P. OPPENHEIM	□ Remove
		HALLANDALE BEACH, FL 33009	
			🗆 Remove
			□ Add
			2014DEC 2
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			_
			□ Add
			_□ Remove

ir amending any othe	r information, enter change(s) here: (Attach additional sheets, if necessary.)
· ·	
(The effective date must be s	r than the date of filing: (optional) pecific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after led by the Florida Department of State)
Dated DECEMBER	21 2014
	Signature of a member of authorized representative of a member
STEVEN	P. OPPENHEIM
	Typed or printed name of signee

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Filing Fee: \$25.00

SECRETARY OF STATE