Florida Department of State Ovivisión of Corporations Chactronic Filos Cover Sneet

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To:

Division of Corporations

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From:

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Account Number : 104662003400 Phone : (516)935-3940

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H16000265059

(Name of the Limite		iny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company were filed on 01/08/2015 and assigned Florida document number L15000004204					
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
n/a					
The new name must be distinguishable and end with the w	ords "Limited Liab	bility Company," the designation "LLC" or the abbre	viation "L.I	C."	
Enter new principal offices address, if applicable:		75 LARKFIELD ROAD			
(Principal office address MUST BE A STREET ADDRESS)		EAST NORTHPORT, NY 11731			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		75 LARKFIELD ROAD EAST NORTHPORT, NY 11731	11		
·				7 2 2	
B. If amending the registered agent and/or registered agent and/or the new registered off	ice address her		name o	f the new	
Name of New Registered Agent:					
New Registered Office Address:		Enter Florida street address		_ 	
		, Florida	Zip Code		
New Registered Agent's Signature, if changing R	egistered Agent:	<u>.</u>			
I hereby accept the appointment as registered	l agent and agr	ree to act in this capacity. I further agree	to comply	y with the	

If Changing Registered Agent, Signature of New Registered Agent

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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.

MGR = Manager

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:

H16000265059

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	THEO ATHANASSIOU	3377 SHELL MOUND BLVD	
		FT MYERS, FL 33931 YS	Remove
MGR	THEO ATHANASSIOU	75 LARKFIELD ROAD	■ Add
		EAST NORTHPORT, NY 11731	Remove
			Add
			
			Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			B 584

__ Remove

D. If ar	nending any other information, enter	change(s) here: (Attach additional	sheets, if necessary.)
	n/a		H16000265059
			Portuguida y
	ctive date, if other than the date of fili ffective date must be specific, cannot be prior to late this document is filed by the Florida Departm		(optional) re than 90 days after
Date	October 26,	2016	
•		27	
	Signature of	a manager or authorized representative of a	member
		THEO ATHANASSIOU	
		Typed or printed name of signee	

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