# 450000008324

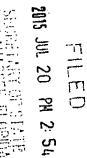
		<del> </del>
en)	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
/Pu	cinose Entity Nor	mo)
(Bu	siness Entity Nar	nej
(Do	cument Number)	
Certified Copies	Certificates	s of Status
0 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Fire Office	
Special Instructions to	Filing Officer:	

Office Use Only



700275038497

07/20/15--01012--003 \*\*25.00



M. Comige. JUL & I CEPT

#### **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJEC		KELL 2507 LLC		
-		Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		MARCELLO AGOSTINI		
			Name of Person	
		AG REAL ESTATE ADVI	SORS LLC	
		· · ·	Firm/Company	·
		40 SW 13TH ST SUITE 2	02	
		•	Address	
		MIAMI, FL33130		
			City/State and Zip Code	<del></del>
		agadvisorscorpservices@gn		
		E-mail address: (	to be used for future annual report notific	cation)
For furth	ner information c	oncerning this matter, please co	all:	
Renata	Sena		305 202-4357 at ()	ŕ
	Name o	f Person	Area Code Daytime	l'elephone Number
Enclosed	d is a check for th	ne following amount:		
<b>■ \$25</b> .	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

FILED

## 2015 JUL 20 PM 2: 54

### TO **ARTICLES OF ORGANIZATION OF**

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SLS BRICKELL 2507 LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our recommitted Liability Company)	ords.)
The Articles of Organization for this Limited Liability Con Florida document number	mpany were filed on	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
BRICKELL 2507 LLC		
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE.	SS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or register egistered agent and/or the new registered office address		rds, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	Iress
		Florida Zip Code

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

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
		<del></del>	Change
			Add
			☐ Remove
			Change
<del></del>			
		-12-27-2	☐ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
			☐ Remove
			☐ Change
	······································		Add
			☐ Remove
			☐ Change

_	
_	
_	
	K9
	20 JU 20
(If an effect Note: If	e date, if other than the date of filing:
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
) The 9	Outh day after the record is filed.
Dated	0TH DAY OF MAY , 20 5
	Signature of a member or authorized representative of a member
	MARCELO ZALCBERG
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00