## 4500025199

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## **COVER LETTER**

TO:	Registration Se Division of Co			
e1:D1		A CONDO, LLC		
SOD	IECT:	Name of Lin	nited Liability Company	
		Amendment and fee(s) are sub		
Please	e return all correspo	ondence concerning this matter	to the following:	
		HERNANDO SANTACO	LOMA	
			Name of Person	
		ECHO MIA CONDO, LL	C	
			Firm/Company	
		31 SE 5TH STREET SU	HTE 515	
		-	Address	<del></del>
		MIAMI, FL 33131		
			City/State and Zip Code	
		HERNANDOSANTACOL F-mail address:	OMA@HOTMAIL.COM  (to be used for future annual report notif	ication)
For fi	irther information c	concerning this matter, please e	·	,
HER	NANDO SANTAC	OLOMA	305 858-2802	
	Name c	of Person	at () Area Code Daytime	Telephone Number
Enclo	sed is a check for t	he following amount:		
<b>■</b> \$3	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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ECHO MIA CONDO, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
	were filed on <u>02/10/2015</u>	and assigned
Florida document number L15000025199		
(Same 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 02/10/2015 and assigned orida document number 1500/0025199  This amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation		
A. If amending name, enter the new name of the limited liab	il <u>ity company here</u> :	
The control of the district of both control of the	En Company 9 de la facilitation of LC9 and	an alphanoidation of TVC "
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	SUITE 515	28
·	MIAMI, FL 33131	
Enter new mailing address, if applicable:	31 SE 5TH STREET	12: 12
(Mailing address MAY BE A POST OFFICE BON)	SUITE 515	
	MIAMI, FL 33131	
registered agent and/or the new registered office address her		ter the name of the new
New Registered Office Address:	Enter Florida street address	
	Florida	·
	City	Zip Code
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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	SCASSO, PABLO	18246 COLLINS AVENUE	
		SUNNY ISLES, FL 33160	■ Remove
			□ Change
MGRM	SANTACOLOMA, HERNANDO	31 SE 5TH STREET SUITE 515	
		MIAMI, FL 33131	☐ Remove
			■ Change
MGR	TOWN BRICKELL GROUP, LLC	31 SE 5TH STREET SUIT 515	<b>■</b> Add
		MIAMI, FL 33131	□ Remove
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		11/01/2017			
Effective date, if other fan effective date is listed, t	he date must be specific and	g:d cannot be prior to d	ate of filing or more than	(optional) 190 days after filing.) l	Pursuant to 605.020
Note: If the date inserted document's effective date			statutory filing requi	rements, this date w	ill not be listed a
ne record specifies a	delayed effective of	date hut not a	n effective time	at 12:01 a.m. o	n the earlier :
The 90th day after			ir checave ame,	de 12.01 d.m. o	Terre corner
Dated	1/	MA017 , /	/		
		-H1270 - 12	1		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00