

LF000049506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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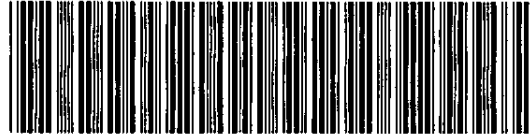
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 25 2015

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VILLAS OF BRICKELL ESTATES, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

VICTOR A. TORRES

Name of Person

Firm/Company

320 MIRACLE MILE SUITE # 201

Address

CORAL GABLES, FL 33134

City/State and Zip Code

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

For further information concerning this matter please call.

VICTOR A. TORRES

786

390-9580

at

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$50.00 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

SECRETARY OF STATE
TALLAHASSEE, FL 32304

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

VILLAS OF BRICKELL ESTATES, LLC

(Name 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 3-19-2015 and assigned
Florida document number L15000049506

This amendment is submitted to amend the following:

A. 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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

SAME

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

320 MIRACLE MILE # 201

CORAL GABLES, FL. 33134

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

SAME

New Registered Office Address:

SAME

Enter Florida street address

City, **Florida**

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DELIA IZQUIERDO	320 MIRACLE MILE # 201	<input type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11/19/2015 BY 60322
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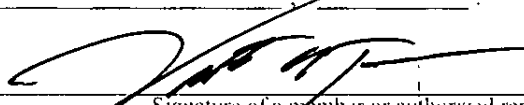
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated AUGUST 14TH 2015



Signature of a member or authorized representative of a member

VICTOR A. TORRES

Typed or printed name of signee

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



Detail by Entity Name

Florida Limited Liability Company

VILLAS OF BRICKELL ESTATES, LLC

Filing Information

Document Number L15000049506
FEI/EIN Number * NONE
Date Filed 03/19/2015
State FL
Status ACTIVE

Principal Address

2825 SW 3 AVENUE
MIAMI, FL 33129

Mailing Address

320 MIRACLE MILE
SUITE 201
CORAL GABLES, FL 33134

Registered Agent Name & Address

TORRES, MICHELLE
11402 NW 41 STREET
SUITE 202
DORAL, FL 33178

Authorized Person(s) Detail

Name & Address

Title MGR

TORRES, VICTOR
320 MIRACLE MILE, SUITE 201
CORAL GABLES,, FL 33134

Title MGR

IZQUIERDO, DELIA
320 MIRACLE MILE, SUITE 201
CORAL GABLES,, FL 33134

Annual Reports

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TALLAHASSEE, FLORIDA

No Annual Reports Filed

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