#L 15000065035

(Re	questor's Name)			
(Ad	dress)			
·	,			
_ (Ad	dress)			
- (Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer				





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2015 JUN -8 AM II: 46

K.SALY EXAMINER JUN 11 2015

COVER LETTER

	_				
TO: Registration Sec Division of Corp					
SUBJECT: ORG	Brickell First,	LLC			
Name of Limited Liability Company					
•					
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.			
Please return all correspo	ndence concerning this matter t	to the following:			
	John Militan		<u> </u>		
		Name of Person			
	ORG Brickell	First, LLC			
	·	Firm/Company			
	8801 Biscayn	e Blvd., Ste. 101			
		Address			
	Miami, FL 3	3138			
		City/State and Zip Code	# ******		
	<u>JMilitanalaw</u>	@gmail.com			
	E-mail address (a be used for future annual report notifi	cation)		
For further information of	oncerning this matter, please or	d):			
John Milita	na	at (305) 758-66 Arta Code Daytino	91		
Name o	f Person	Area Code Daytimo	Telephone Number		
Enclosed is a check for the	he following amount:				
\$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 Tallahasset, Ft. 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

2015 JUN-8 AMII: 46
SALLAHASSEE FLORIDA

ORG Brickell First, LLC				
(Name of the Horited Linbility Company (A Florida Limited Lin	as it now appears on our records.) bility Company)			
The Articles of Organization for this Limited Liability Company w Florida document numberL15000065035	ere filed on <u>4/14/15</u>	and assigned		
This amendment is submitted to amend the following:				
A. If amending same, enter the new name of the limited habiti	ity company here:			
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the ab	broviation "L. L. C."		
Enter new principal offices address, if applicable:	8801 Biscayne Blvd.	, St.e 101		
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33138			
Enter new mailing address, if applicable:	Same as above			
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here.		the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	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

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ZOIS JUN-8 AM II: 46
TALLAHASSEE STATE

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					
Title	Name	Address	Type of Action		
			Remove		
		····	☐ Change		
			Remove		
			Change		
			□ Remove		
			C Change		
			D Add		
		☐ Remove			
•			Change		
					
			C Remove		
			□ Change		
			D Remove		

FILED 2015 JUN -8 AM 11: 46 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) TALLAHASSEE, FLORID E. Effective date, if other than the date of filing: 6/1/15 (optional)

(If an effective date is listed, the data 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. 6/1/15 If the record specifies a detayed 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. Signature of a member of Suthorized repres

ANAFISI

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MOHAMMAD
Typed or printed name of signes

Filing Fee: \$25.00