15:000065176 (Requestor's Name) (Address) 500274571545 (Address) (City/State/Zip/Phone #) 07/06/15--01015--007 **25.00 WAIT MAIL (Business Entity Name) (Document Number) 2815 · • • • • Certified Copies Certificates of Status 5 · · · · · 17 р З Special Instructions to Filing Officer: ှာ $\overline{\circ}$ Office Use Only K. SALY EXAMINER JUL - 8 2015

COVER LETTER

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TO: Registration Sec Division of Corp			
SUBJECT: LON	e Star Brickell	1, LLC	
		ited Liability Company	
The enclosed Articles of A	Amendment and foe(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	John Militan		
		Name of Person	
	Lone Star Br	ickell 1, LLC	
		Firm/Company	
	8801 Biscayn	e Blvd., Ste. 101	
		Address	
	Miami, FL 3	3138	
	<u>Iliami, FL</u> J	City/State and Zip Code	
	JMilitanalaw	@gmail.com	
	E-mail address (to be used for future annual report notif	ication)
For further information co	oncerning this matter, please o	ati:	
John	Militana	at (<u>305</u>) 758-66 Area Code Devriene	91
Name of	Person	Area Code Daytimo	Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is anclosed)	CI \$60 00 Filing Fee, Certificate of Status & Certified Copy (additional copy is cacload)
	ING ADDRESS: Mion Section	STREET/COURD Registration Section	
Divisio	n of Corporations	Division of Corpor	
P O. Bo Taliata	ssee, FL 32314	Clifton Building 2661 Executive Cer	nter Circle

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Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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Company "the designation "[10" or the abbreviation "[10"	-
8801 Biscayne Blvd., Ste. 101	. <u> </u>
Miami, FL 33138	
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Same as above	-
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ice address on our seconds, enter the same of the	new
	<u>Hen</u>
	_
Enter Florida street address	-
W4 14	
, Florida	-
	Enter Florida street address

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 famillar with and accept the abligations 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 compony has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage,	enter the title, name, and address of each person being addad
or removed from our records:	

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MGR = Manager AMBR = Authorized Member

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Title	Name	Address	Type of Action
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			C Remove
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Page 2 of 3

amending any other info	rmation, enter chang	ge(s) here: (Attach add)	itional sheets, if necessa	ry.)	
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fective date, if other than n effective date is listed, the dat <u>Rec</u> If the date inserted in the cument's effective date on t	e must be specific and cars is block does not meet	not be prior to date of filing o the applicable statutory fi	(options more than 90 days after filis ling requirements, this day	iii.) Pursuant to 605 0207 (k)(b) ⊯
record specifies a dei The 90th day after the	ayed effective date record is filed.	, but not an effective	e time, at 12:01 a.m	. on the earlier of:	
ed June	1st e	20,15	2		
<u> </u>	Signature of a mean	ber or mathorized rop/wacmaa	ve of a member		
	SALA		FISI		

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Filing Fee: \$25.00