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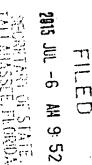
(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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## COVER LETTER

TO: Registration Division of C			
SUBJECT: Mu	rjan Brickell 4,	LLC	
Source:	Name of Lim	ited Liability Company	
	of Amendment and fee(s) are sub	•	
ricase return an corre	spontence concerning this matter	to the following	
	John Militana	, Esq.	
		Name of Person	
	Murjan Bricke	11 4, LLC	
		Firm/Company	<del></del>
	8801 Biscayne	BLvd., Ste. 101	
		Address	
	Miami, FL 33		
		City/State and Zip Code	
	JMilitanalaw@	gmail. Com to be used for future annual report to	and analysis
For further information	n concerning this matter, please o	•	,
John Mi	litana	et (305 ) 758-	6691
Nan	ic of Person	Area Code Days	ime Telephone Number
Enclosed is a check for	or the following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2015 JUL -6 AM 9: 52

Murjan Brickell 4, LL  (Name of the Limited Liability Company (A Fornia Limited Lia		SECRETARY OF STATE TALLAHASSEE, FLORID/
The Articles of Organization for this Limited Liability Company w Florida document number	ere filed on <u>4/14/15</u>	and assigned
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8801 Biscaype BL	vd., Ste. 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 office registered agent and/or the new registered office address here:		nier the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Knier Florida street address	
	, Florid	<b></b>
	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

Page 1 of 3

lf amendin	g Authorized Person(s) authorized to n from our records:	nanage, <u>enter the title, pame, am</u>	address of each person being added
MGR = N AMBR = A	lanager uthorized Member		
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ment's of	e, if other than the date of filing: 6/1/15 (optional)  the is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuam tate inserted in this block does not meet the applicable statutory filing requirements, this date will not be Tective date on the Department of State's records.  pecifies a detayed effective date, but not an effective time, at 12:01 a.m. on the day after the record is filed.	e liste
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	Signature of a member or authorized populative of a member	_
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Filing Fee: \$25.00

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