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COVER LETTER

TO: Registration Division of C			
	LL RESTAURANTE LLC		
SUBJECT:	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: Fernando M Socol, Esq. Name of Person Fernando Socol P.A.		
The enclosed Articles of	of Amendment and fec(s) are su	abmitted for filing.	
Please return all corresp	pondence concerning this matte	er to the following:	
	Fernando M Socol, Esc	ą.	
		Name of Person	
	Fernando Socol P.A.		
	·	Firm/Company	
	210 S. Biscayne Blvd, S	Suite 905	
		Address	
	Міалі, FL 33131		
		City/State and Zip Code	
	fsocol@socollaw.com		
D		to be used for future annual report notif	ication)
For further information (concerning this matter, please o	all;	
Fernando Socol, Esq.		786 272-7100 at ()	
Name o	of Person		Telephone Number
Enclosed is a check for t	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 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

BRICKELL RESTAURANTE LLC		
(Name of the Limited Liability (A Florida	ty Company as It now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L15000068616		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the a	ibbreviation "L.L.C."
Enter new principal offices address, if applicable:	701 S Miami Ave, Unit 360	
(Principal office address MUST BE A STREET ADDR	Miami, FL 33130	
Trincipii vijice uuuress MOOT BE A BIRDDI ABBR		2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	701 S Miami Ave, Unit 360 Miami, FL 33130	PM 2: 4
B. If amending the registered agent and/or registered agent and/or the new registered office addr		the name of the new
Name of New Registered Agent: Fernar	ndo Socol, Esq.	
New Registered Office Address: 201 S	Biscayne Blvd, Suite 905	
	Enter Florida street address	
MAIM	, Florida ³³	3131
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	

If Changing Registered Agent, Signature of New 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 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>	Address	Type of Action
MGR	SCOLNIK, Alejandro	9700 Collins Ave, Apt 243	
		Bal Harbor, FL 33154	■ Remove
			Change
MGR	The Felicity Store LLC	701 S Miami Ave, Unit 360	■ Add
		Miami, FL 33130	□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
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Rffective	date, if other than the o	06/20	0/2018		(optional)	
If an effecti	ve date is listed, the date must	be specific and cannot b	e prior to date of fi	ling or more than 90	days after filing.) Pursu	ant to 605.0207
	the date inserted in this blo- 's effective date on the Dep				ents, this date will he	ot be listed as
	d specifies a delayed		ut not an effe	ctive time, at 1	.2:01 a.m. on th	e earlier of
ille 90	oth day after the reco	d is filed.				
Dated	June 20	2018				
	. 1		·			
	X		<u> </u>			
	3	ignature of a member o	r automied repres	entative of a membe		
			/ W/			

Page 3 of 3

Filing Fee: \$25.00