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COVER LETTER

TO: Registration S Division of Co	Section prporations		•
	ORG Brickell Third,	LLC	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	John Milit	Ana Name of Person	
	Militana.	Militana & Militana,	PA.
		Firm/Company	
	8801 Biscayt	ne Blvd., STe. 101	
		Address	
	Miami, FL		
		City/State and Zip Code	
	JMilitanalav E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
John Milit	ana	at (305) 758-6	691
	of Person	Arca Code Daytin	ne Telephone Number
Enclosed is a check for		☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr		<u>Street Address:</u> Registration Se	ection
Registration Division of	Section Corporations	Division of Co	rporations
P.O. Box 6.	327	The Centre of 2415 N. Monro	Tallahassee De Street, Suite 810
Tallahassee	, FL 32314	Tallahassee, F	L 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORG Brickell Third, LLC		
(Name of the Limited Liability Companies (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company vi		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ty Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the I	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florids	7. 6.1
	Clty	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>	Name	Address	Type of Action
MGR	Zaina Alnafisi	8801 Biscayne Blvd., Ste. 101	SZ xAdd
		Miami, FL 33138	□Remove
			Change
			🗆 🗅 Add
			□ Change
			🗆 Add
			□Remove
			🗆 Add
			Change
			🗆 A dd
			□ Remove
			Change
			□Add
			□Remove
			[]Change

fame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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•	
fanci	tive date, if other than the date of filing: July 1, 2020 (optional) Tective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
reco	rd 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 filed.
ated	July 10 , 2020
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00