18545176383 FROM: 7182423237 Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEVINE & PARTNERS, P.A.

Account Number : 074677091117 Phone : (305) 372-1350

Fax Number : (305)372-1352

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Page 1 of 1

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRICKELL CONCEPTS, LLC

| Certificate of Status | 0 |
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11/18/2015

08:47

TO:18506176383 FROM: 7162423237

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION 115 NGV 18 AN 8: 32

Brickell Concepts, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on September 29, 2015 ___ and assigned Florida document number _____L15000165810 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

_ Florida ___

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11/18/2015

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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 | Roman K. Jones | 3350 Mary Street | |
| | | Miami, FL 33133 | ₽ Remove |
| | | | |
| MGR | Brickell Concept Management,LLC | 3350 Mary Street | Add |
| | | Miami, FL 33133 | Remove |
| | | | □ Change |
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| D. If am | ending any othe | r information, enter c | hange(s) l | here: (Attach ad | ditional sheets, | if necessary.) | |
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| E. Effect | ive date, if other | than the date of filin | g: October | 15, 2015 | | (optional) | |
| Note: | If the date inserte | the date must be specific and in this block does not to on the Department of the contract of the Department of the Depar | neet the ap | plicable statutory | or more than 90 da filing requiremen | ys afler filing.) Pursu its, this date will no | ant to 605.0207 (3)(b) of be listed as the |
| If the red (b) The | cord specifies a 90th day after | delayed effective of the record is filed. | date, but | not an effectiv | ve time, at 12 | ::01 a.m. on th | e earlier of: |
| Dated | November 18 | | 2015 | | | | |
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| | | | | | tive of a member | | |

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Typed or printed name of signee

Filing Fee: \$25.00