

9/19/2016

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L15000173905

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000232510 3)))



H160002325103ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

2016 SEP 19 A 10:13
TALLAHASSEE, FLORIDA

FILED

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BRISAS DEL ESTE APARTMENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2016 SEP 19 PM 4:18

TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 20 2016
D. BRUCE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRISAS DEL ESTE APARTMENTS, 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 10/13/2015 and assigned Florida document number L15000173905

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)

FILED 2016 SEP 19 A 10:33 TALLAHASSEE, FLORIDA

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 Office Address:

Enter Florida street address

City, Florida 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BRISAS DEL ESTE APARTMENTS MANAGER, LLC	315 S. BISCAYNE BLVD., 4TH FL	<input type="checkbox"/> Add
		MIAMI, FL 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RUDG MANAGER, LLC	315 S. BISCAYNE BLVD., 4TH FL	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

TALLAHASSEE, FLORIDA
 STATE
 19 SEP 13
 9 18 31
 FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2016 SEP 19 A 10:13
FILED
OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective 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)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated September 19, 2016

Signature of a member or authorized representative of a member
JEFFERY HOYOS
Vice President

Typed or printed name of signee