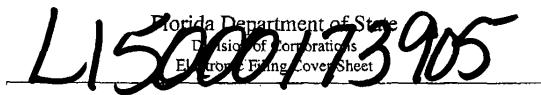
9/19/2016

Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: CORPORATE CREATIONS INTERNATIONAL

Account Number : 110432003053

Phone Fax Number : (561)694-8107 : (561)694-1639

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

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

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRISAS DEL ESTE APARTMENTS, LLC (Name of the Limited Liability Company as it now as (A Florida Limited Liability Compa	pears on our records.)			
(A Florida Limited Liability Compa	iny)			
The Articles of Organization for this Limited Liability Company were filed or	10/13/2015		and ass	signed
Florida document number L15000173905				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability compan	y here:			
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation 'LLC" or	the abbro	viation "L	.L.C."
Enter new principal offices address, if applicable:		5	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	<u> </u>	
	······································	£5.	SEF	1)
		388	<u></u>	Service Steers
Enter new mailing address, if applicable:		M-C		77
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	200		
		£1;	· 	
		3	w	
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	s on our records, <u>e</u>	nter th	е пяще	of the n
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:				
Ente	Enter Florida street address			
	, Florid	la		
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

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

Title	<u>Name</u>	Address	Type of Action
MGR	Brisas del este Apartments Manager, LLC	315 S. BISCAYNE BLVD., 4TH FL	□ Add
		MIAMI, FL 33131	■ Remove
			D Change
MGR	RUDG MANAGER, LLC	315 S. BISCAYNE BLVD., 4TH FL	= Add
~~~~~		MIAMI, FL 33131	☐ Remove
			□ Change
			□ Remove
			D Charge
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 if the date inserted in this block does not meet the applicable statutory filing requirem ument's effective date on the Department of State's records.	(options!) Days after filing.) Pursuant to 6 ments, this date will not be fi	505.0207 isted as
record specifies a delayed effective date, but not an effective time, at he 90th day after the record is filed.	12:01 a.m. on the ear	rli er of
ed September 19, 2016.		
(Has. h		
Signature of a member or authorized representative of a memi	ber	
JEFFERY HOYDS		

Page 3 of 3

Filing Fee: \$25.00