

JUL/19/2016 10:03:46 AM

FAX No.

P. 001/004

Division of Corporations

Page 1 of 2

L16000000924

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H16000173713 3)))



H160001737133ABC3

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 : ARTURO YERO P.A.
Account Number : I20150000125
Phone : (305) 444-0884
Fax Number : (305) 444-0786

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

Email Address: arturo.yero@ayerolaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BRICKS II LLC

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

2016 JUL 19 PM 4:12

FILED

SECRETARY OF STATE
FLORIDA

2016 JUL 19 AM 11:03

FILED

Electronic Filing Menu

Corporate Filing Menu

S Warren

JUL 20 2016

H/16 000/73713 3

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Bricks II, L.L.C.

(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 December 30, 2015 and assigned
Florida document number L16000000924

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:

1221 Brickell Avenue Suite 710 Miami FL 33131

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

1221 Brickell Avenue Suite 710 Miami FL 33131

(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 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

H/16 000/73713 3

FILED
JUL 19 2016
CLERK OF STATE
TREASURY OF FLORIDA
9 A 11:03

H 16000173713 3

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	Name	Address	Type of Action
MGR	Diego Gonzalez	1221 Brickell Avenue Suite 710	☒ Add
		Miami FL 33131	☐ Remove
			☐ Change
MGR	Manrico Zapata Lomelin	1221 Brickell Avenue Suite 710	☒ Add
		Miami FL 33131	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

H 16000173713 3

#16000173713 3

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

E. Effective date, if other than the date of filing: July 18, 2016 (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.

(b) The 90th day after the record is filed.

Dated July 18 2016

 Signature of a member or authorized representative of a member
Alberto Azparriz Lara

 Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED
2016 DEC 19 A 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H 16 000 173 713 3