

L16000288473
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : SERVICIOS COMUNITARIOS LATINOS INC
Account Number : I20080000080
Phone : (305) 642-1090
Fax Number : (305) 642-1010

****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
BRICKELL CITY PROPERTIES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

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J. HARRIS

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Corporate Filing Menu

Help

(H16000288473)

(H16000-0880473)
COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRICKELL CITY PROPERTIES LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUAN C CACHOUA

Name of Person

AMBR

Firm/Company

777 BRICKELL AVE #950

Address

MIAMI, FL. 33131

City/State and Zip Code

exec.asst@italiannis.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN C CACHOUA

at (305) 961-1181
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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CH 16000 2880473 /
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Brickell City Properties 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 1/28/16 and assigned
Florida document number L16000020082

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NIA

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:

NIA

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NIA

(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:

NIA

New Registered Office Address:

Enter Florida street address

Florida

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

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Juan Carlos Cachona	777 Brickell Ave #950	<input type="checkbox"/> Add
		Miami, FL 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Caspian Traders SLP	50 Lothian Road, Festival Square	<input checked="" type="checkbox"/> Add
		Edinburgh, EH3 9WJ	<input type="checkbox"/> Remove
		Scotland	<input type="checkbox"/> Change
MGR	Jeffy Wright	3100 Oak Road, Suite 380	<input checked="" type="checkbox"/> Add
		Walnut Creek, CA 94597	<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

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

N/A

Lined area for amending information, currently blank.

K. 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 605.0297 (2)(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 NOVEMBER 16, 2016

X

Signature of a member or authorized representative of a member

JUAN CARLOS CACHIGUA

Typed or printed name of signer

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DEPARTMENT OF STATE

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