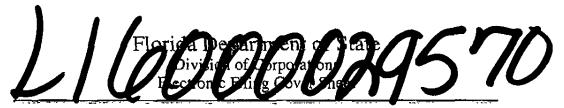
https://cfile.sunbiz.org/scripts/efilcovrexe



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Phone Fax Number : (561)694-1639

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

Pm s	41	Address:
E-1114		WOOLESS:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PADOVA BRICKELL. LLC

Certificate of Status	0
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Corporate Filing Menu

Helpun'1 9 2013 ) BRIJCE

## A. FICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PADOVÁ BRICKELL, LLC						
(Name of the Limits	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)					
The Articles of Organization for this Limited Lie Florida document number L16000029570  This amendment is submitted to amend the follow	·					
A. If amending name, enter the new name of						
The new hatte must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or the abbreviation "LL.C."					
Enter new principal offices address, if applica	able:					
(Principal office address MUST BE A STREET ADDRESS)						
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/ registered agent and/or the new registered of	or registered office address on our records, enter the name of the new					
Name of New Registered Agent:	Corporate Maintenance Services					
New Registered Office Address:	1000 Brickell Ave, Suite 400  Enter Florida street address					
	Miami Florida 33131 (7.20					
New Registered Agent's Signature, if changing F	City Zip Code					
provisions of all statutes relative to the prope accept the obligations of my position as region	d agent and agree to act in this capacity. I further agree to comply with the er and complete performance of my duties, and I am fanillar with and stered agent as provided for in Chapter 605, F.S. Or, if this document is registered office address, I hereby confirm that the limited liability change.					
	If Changing Registered Agent, Sixinfare of New Registered Agent					

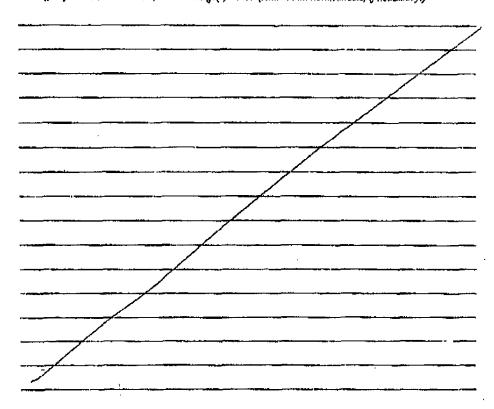
Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and authorized person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Maria Cristina Lowndes	848 Brickell Key Drive, Suite 2605	■ Add
· ·		Miami, Plorida 33131	□ Reineve
		4	□ Change
MCR	Antonio Carlos V Gubert	2221 NE 164 St	□ Add
		North Miami Beach, Florida	■ Remove
			☐ Change
			bbA 🖳
			Remove
			☐ Change
			Add
			Change 6
	· · · · · · · · · · · · · · · · · · ·		
			CO ☐ Remove →
			Constraints to
			□ Add
			C Remove
	•		Change

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



18. Effective cinto, if other than the date of filing:

(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.) Permusa to 605.0207 (3)(6)

Nate: If the date inserted in this black does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of Sinto'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 filled.

Dated

July 11

2016

Signature of a niomber or authorized representative of a member

Marin Cristina Lowadea Welligaton

Typed of printed name of alguer

Page 3 of 3

TALLAHASSES FIRMS