16000188326

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SECRETARY OF STATE SECRETARY OF STATE

D. SCOTT 0CT 2 8 2016

COVER LETTER

Division of Cor					
BRICKELI	L HEIGHTS 4008, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspondence	ondence concerning this matter	to the following:			
	PEDRO P. SAEZ				
		Name of Person	· · · · · · · · · · · · · · · · · · ·		
	SAEZ & ASSOCIATES				
		Firm/Company			
	777 BRICKELL AVENUE	E. SUITE 1110			
		Address			
	MIAMI, FLORIDA 33131				
		City/State and Zip Code			
	PSAEZ@SAEZLAW.COM	to be used for future annual report notific	ontion)		
For further information of	concerning this matter, please ca	•	anony		
MAITE MENDOZA		305 358-0028 at ()			
Name o	of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fec & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)		
				ect CT	T
	ING ADDRESS:	STREET/COURIE Registration Section		26 ARY 0	FILE

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

(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 Lial Florida document number L16000188326	
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	he limited liability company here:
N/A	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble: N/A
(Principal office address MUST BE A STREET	'ADDRESS)
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records, enter the name of the new
Name of New Registered Agent:	N/A
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code

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 Page 1 of 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	VERONICA ZALAQUETT	690 Lincoln Rd #300	■ Add
		Miami Beach FL 33139	□ Remove
			☐ Change
MGR WILLIAM ZALAQUETT	WILLIAM ZALAQUETT	690 Lincoln Rd #300	
		Miami Beach FL 33139	□ Remove
			☐ Change
· · · · · · · · · · · · · · · · · · ·			Add
			□ Remove
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Affective date, if other than the date an effective date is listed, the date must be Note: If the date inserted in this block	e specific and cannot be prior to da	ite of filing or more than 90 d	_ (optional) ays after filing.) Pursuant to 605.0207
Note: If the date inserted in this block ocument's effective date on the Department.	k does not incer the applicable	statutory filing requireme	nts, this date will not be listed as
comment of the control date on the 20pt	Attriction of place & records,		
		effective time at 1	2:01a.m. on the earlier of
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The 90th day after the record	d is filed. , 2016 gnature of a member or authorized JOSE LUIS HAND Typed or printed name	PAL FARAH me of signee	TALLIANI TALLIANI F

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