# 116000189871

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J. HARRIE

# **COVER LETTER**

	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ODIJAS CAMINHA		
		Name of Person	<del></del>
	OGC ASSOCIATES PA		
		Firm/Company	
	3275 W HILLSBORO BL	VD STE 306	
	<del></del>	Address	
	DEERFIELD BEACH, FL	. 33442	
		City/State and Zip Code	
	OGC@OGCASSOCIATES	.COM	
	E-mail address: (	to be used for future annual report notific	cation)
For further information c	oncerning this matter, please c	all:	
ODIJAS CAMINHA		954 708-2817 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
	c u		
Enclosed is a check for the	<u>-</u>		
■ \$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:

TO:

Registration Section Division of Corporations

> 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLURALL OFFICES LLC		
( <u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our record Limited Liability Company)	<u>(s.</u> )
The Articles of Organization for this Limited Liability Co	ompany were filed on 10/13/2016	and assigned
lorida document number L16000189871	<del>_</del> ·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ted liability company here:	
00 BRICKELL PENTHOUSE LLC		
he new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDR.	ESS)	
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		r. <u>ż</u>
· · · · · · · · · · · · · · · · · · ·		
. If amending the registered agent and/or regist	ered office address on our records	s, enter the name of the
egistered agent and/or the new registered office addr	ess here:	
Name of New Registered Agent:		
<del></del>		
New Registered Office Address:	Enter Florida street addres	
	isuer i uriuu sireet daares.	•
		orida
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			□ Change
			☐ Add
			Remove
			Change
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