

L16000190254

Division of Corporations

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

From: Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC  
Account Number : 120060000012  
Phone : (305)826-5886  
Fax Number : (305)722-0535

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
2702 BRICKELL, LLC

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Help

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

2702 BRICKELL, 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 10/14/2016 and assigned  
Florida document number L16000190254

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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**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: ROJAS RAMIREZ, VICTORIA EUGENIA

New Registered Office Address: 3731 N COUNTRY CLUB DR APT 324

*Enter Florida street address*

AVENTURA, Florida 33180  
*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.*

*Victoria E. Rojas*  
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>	<u>Address</u>	<u>Type of Action</u>
MGR	Ramírez de Rojas, Victoria	3731 N Country Club DR	<input type="checkbox"/> Add
		Aventura, FL 33180 Apt. 324	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Rojas Bustos, Gerardo	3731 N Country Club DR	<input type="checkbox"/> Add
		Aventura, FL 33180 Apt. 324	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Rojas Ramirez, Victoria Eugenia	3731 N Country Club DR	<input checked="" type="checkbox"/> Add
		Aventura, FL 33180 Apt 324	<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

