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ALLAHASSEE, FLORIDA

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COVER LETTER

	egistration Sec vision of Cor		•	*	
CUDICA		. HEIGHTS EAST 3209 LLC			
SUBJECT		Name of Lim	ited Liability Company		
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspon	ndence concerning this matter	to the following:		
		Joao Pedro Volz			
			Name of Person		
		VD&T International LLC			
			Firm/Company		
		150 SE 2nd Ave. Suite 505	5		
			Address		
		Miami Florida, 33131			
		.	City/State and Zip Code		
		management@vdtinternational.com			
		E-mail address: (to be used for future annual report notific	cation)	
For further	information co	oncerning this matter, please ca	all:		
Joao Pedro	Volz		305 8781516 at ()		
	Name of	Person		Telephone Number	
Enclosed is	a check for th	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRICKELL HEIGHTS EAST 3209 LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
V	······	
The Articles of Organization for this Limited Liability Cor	mpany were filed on 11/22/2016	and assigned
Florida document number L16000213787		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
Biscayne Blvd 2009 3702		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
• • •		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable:		D
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		A S
		38.
B. If amending the registered agent and/or registe	red office address on our records,	enter the name of the r
registered agent and/or the new registered office addre	ss here:	S S
		REAL PROPERTY.
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	
	truer r wriau street address	
		da
	Cin	7in Codo

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>	Name	<u>Address</u>	Type of Action
MGR	VALDES, MIGUEL	150 SE 2ND AVE, STE. 505	
		MIAMI, FL 33131	■ Remove
			Change
MGR	SJ LAW GROUP LLC	150 SE 2ND AVE, STE. 506	■ Add
		MIAMI, FL 33131	☐ Remove
			□ Change
			Add
			Trenove Mandage Control of Shall
			Remove ☐ Change
			Add
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Filing Fee: \$25.00