L17000126741

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

	egistration Sec ivision of Corp			
SUBJECT	:2	011 1010 BRICKELL LLC		
		Name of Lim	ited Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retur	rn all correspor	ndence concerning this matter	to the following:	
		TOMAS LOPEZ		
			Name of Person	
			Firm/Company	
		777 BRICKELL AVE	ENUE STE 1010	
			Address	
		MIAMI, FLORIDA 32	3131 City/State and Zip Code	
		TLOPEZV@HOTMAI	LCOM	
r			to be used for future annual report notif	ication)
For further	information co	oncerning this matter, please co	att:	
TOMA	S LOPEZ VAI		at (<u>786</u>) <u>810 7</u> Area Code Davtime	359 Telephone Number
	Name of	reison	Area Code Daytine	Telephone Number
Enclosed is	a check for the	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**

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<u>rds.</u>)	1.00	EE,		,

2011 1010BRICKELL LLC (Name of the Limited Liability Company as it now appears on our reco (A Florida Limited Liability Company) $(v_{2i\tilde{\Omega}_{i}})$ The Articles of Organization for this Limited Liability Company were filed JUNE 9 2017 and assigned on Florida document number L17000126741. 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 "LLC." 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) 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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida _

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
AMBR	BOLUCY INTERNATIONAL S.A.	1677 OSPREY BEND. WESTON FL 33327	Add
		 	⊠ Remove
			Change
MGR	ESTEBAN LOPEZ VARGAS	777 BRICKELL AVENUE STE 1010. MIAMI FL 33	13 <u>1</u> □ Add
			⊠ Remove
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<u>te:</u> lf t	date, if other we date is listed, the he date inserted is effective date	i in this block	. does not п	neet the app	dicable stat	f filing or mo utory filing	re than 90 d requireme	_ (option lays after fil ents, this d	al) ling.) Pursua ate will no	unt to 605.02 It be listed a
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Filing Fee: \$25.00