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## **COVER LETTER**

Tallahassee, FL 32314

	Registration So Division of Co			
SUBJEC	BR	ICKELL AVENUE 3605, LLC		
SUBJEC	.1;	Name of Lim	ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	to the following:	
		Steven M. Lee		
			Name of Person	
		Steven M. Lee, P.A.		
			Firm/Company	<del></del>
		1000 Brickell Avenue, Sui	ite 705	
		····	Address	
		Miami, FL 33131		
		lisaknightm@aol.com	City/State and Zip Code	
		<del>-</del>	to be used for future annual report not	ification)
For furthe	er information c	concerning this matter, please c	all:	
Steven M	1. Lee		305 305-856-78	55
	Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed	is a check for t	he following amount:		
\$25.0	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 Addres		Street Address:	ation
	Registration : Division of C		Registration Se Division of Co	
	P.O. Box 632		The Centre of	=

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

BRICKELL AVENU			
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	iy as it now apper iability Company)	irs on our records.)	
The Articles of Organization for this Limited Liability Company v	were filed on _	August 15, 2017	and assigned
Florida document number L17000173974			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company h	<u>iere</u> :	
630 SE 15 STREET, UNIT 1, LLC			
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the	designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			021
			8
Enter new mailing address, if applicable:			(A) TO TT
(Mailing address MAY BE A POST OFFICE BOX)			
			0
			<del></del>
B. If amending the registered agent and/or registered office ac	ddress on our	records, <u>enter the n</u>	ame of the new register
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
Hew Registered Office Address.	Enter Flo	orida street address	
		, Florida	
	City	, 1 101104	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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			🗆 Add
		<del></del>	□Remove
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ें an eff <u>iote:</u>	ive date, if other than the date of filing:  (optional)  ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.
recor i is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	November 10  2021  Signature of a member or sythorized representative of a member

Filing Fee: \$25.00