K17000247902

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| | gistration Sec vision of Corp | | | |
|----------------|---|--|--|--|
| | BRICKELL | | | |
| SOBJECT: | | Name of Lim | ited Liability Company | |
| The enclose | d Articles of a | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return | n all correspo | ndence concerning this matter | to the following: | |
| | | Gary Saslaw | | |
| | | | Name of Person | |
| | | Gary R. Saslaw, P.A. | | |
| | | | Firm/Company | |
| | | 20801 Biscayne Blvd., Sui | te 304 | Daytime Telephone Number S60.00 Filing Fee, Certificate of Status & Certificate Copy (additional copy is enclosed) Cess: |
| | | | Address | |
| | | Aventura, Florida 33180 | | |
| | | | City/State and Zip Code | |
| | | grs@grspa.com | | |
| | | | to be used for future annual report notif | neation) |
| For further i | information c | oncerning this matter, please ca | ail: | |
| Gary Saslav | v | | 305 682-0200 at () | |
| | Name o | f Person | at () | e Telephone Number |
| Enclosed is | a check for th | ne following amount: | | |
| ■ \$25.00 | Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy |
| Re Di P. | egistration S vision of C O. Box 632 Illahassee, I | Section orporations 7 | | porations fallahassee e Street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 - 1 - 6 - 3:3-

| BRICKELL 1207, LLC | | | |
|---|---|--|-----------------------------------|
| (Name of the Limi | ted Liability Compa (A Florida Limited I | nv as it now appears on our reclability Company) | <u>:ords.</u>) |
| The Articles of Organization for this Limited L Florida document number L17000247902 | iability Company | were filed on 12/04/2017 | and assigned |
| This amendment is submitted to amend the foll | owing: | | |
| A. If amending name, enter the new name of | f the limited liab | ility company here: | |
| The new name must be distinguishable and contain the | words "Limited Liabí | lity Company," the designation " | LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 4045 Sheridan Avenue, #2 | 54 |
| Principal office address MUST BE A STREET ADDRESS | | Miami Beach, Florida 3314 | 10 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 4045 Sheridan Avenue, #2: Miami Beach, Florida 3314 | |
| B. If amending the registered agent and/or agent and/or the new registered office addre | registered office ess here: | address on our records, <u>en</u> | iter the name of the new regist |
| Name of New Registered Agent: | Gary Sastaw | | |
| New Registered Office Address: | 20801 Biscayn | e Blvd., Suite 304 | |
| | | Enter Florida street aa | |
| | Aventura | | , Florida <u>33180</u> |
| | | 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:

| or removed | from our records: | | |
|--------------------|------------------------------|---------|----------------|
| MGR = M $AMBR = A$ | lanager authorized Member | | |
| <u>Title</u> | Name | Address | Type of Action |
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| ective date, if other than the effective date is listed, the date muse: If the date inserted in this blument's effective date on the D | st be specific and cannot be prior lock does not meet the applic | r to date of filing or more cable statutory filing re | (optional) than 90 days after filing.) cquirements, this date w | Pursuant to 605.020 fill not be listed a |
| cord specifies a delayed effectiv s filed. | e date, but not an effective t | ime, at 12:01 a.m. on | the earlier of: (b) The | 90th day after th |
| January 12 ed | 2022 | | | |
| | life Pricelural Signature of a member or auto | | | |
| | Signature of a member or aut | sorized representative of | a member | |

Filing Fee: \$25.00