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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
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SEORETARY OF STATE ALLAHASSEE, FLORIDA

## **COVER LETTER**

Div	ision of Corpo	rations		
SUBJECT:	VINS BRICK	ELL RISE LLC		
		Name of Limite	d Liability Company	
The enclosed	Articles of Ar	mendment and fee(s) are subm	itted for filing.	
Please return	all correspond	lence concerning this matter to	the following:	
•		D. D. D. D. A. D.		
		RAFAEL DE ARAUJO, ES	Q	
			Name of Person	
		LAW OFFICE OF RAFAEL	DE ARAUJO PA	
			Firm/Company	
		1221 BRICKELL AVENUE	SYE 900	
			Address	
		MIAMI, FL 33131		
			City/State and Zip Code	
		RAFAEL@DEARAUJOLAV	V.COM	
		E-mail address: (to	be used for future annual report notific	ation)
For further in	nformation con	cerning this matter, please call	<b>l</b> :	
RAFAEL DI	E ARAUJO, E	sQ	305 542-6899	
	Name of P	erson	at ()	Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling 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:

TO:

**Registration Section** 

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

VINS BRICKELL RISE, LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our record Liability Company)	d <u>s.</u> )
The Articles of Organization for this Limited Liability Company	were filed on 01/18/2018	and assigned
Florida document number L18000016125		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5 Dewberry Court	
(Principal office address MUST BE A STREET ADDRESS)	Dix Hills, NY 11746	O10 APR
		SS -L
Enter new mailing address, if applicable:	5 Dewberry Court	E CO
(Mailing address MAY BE A POST OFFICE BOX)	Dix Hills, NY 11746	3: 2 STATE CORNE
		om &
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		s, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Floridu street uddre.	ss
	Fl	lorida
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR =	Manager	
AMBR =	<b>Authorized</b>	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
•			Change
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FROM 88 SW 77TH STREET 3307 MIAMI FL 33130 TO CORRECT	ADDRESS
5 DEWBERRY COURT, DIX HILLS, NY 11746	
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ive date, if other than the date of filing:	(optional)
fective date is listed, the date must be specific and cannot be prior to date of filing.  If the date inserted in this block does not meet the applicable statutory	g or more than 90 days after filing.) Pursuant to 6
nent's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effect	ive time, at 12:01 a.m. on the ear
90th day after the record is filed.	
march 30, 2019.	
Signature of a member or authorized represen	•

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Filing Fee: \$25.00