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Florida Department of State
Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
287 LAS BRISAS, LLC

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

287 LAS BRISAS, LLC
_____
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on _____January 25, 2018_____ and assigned Florida document number L18000023017 .

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 "L.L.C."

Enter new principal offices address, if applicable:	1728 Coral Way
(Principal office address MUST BE A STREET ADDRESS)	Suite 900
	Miami, FL 33145

Enter new mailing address, if applicable:	1728 Coral Way
(Mailing address MAY BE A POST OFFICE BOX)	Suite 900
	Miami, FL 33145

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:	Javier Morla
New Registered Office Address:	1728 Coral Way, Suite 900
	Enter Florida street address

Miami	, Florida	33145
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.

_____
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

Title	Name	Address	Type of Action
MGR	OSCAR BARBARA	4000 PONCE DE LEON BLVD.	☐ Add
		SUITE 610	■ Remove
		CORAL GABLES, FL 33146	☐ Change
MGR	LUIS ISAIAS	1728 CORAL WAY	■ Add
		SUITE 900	☐ Remove
		MIAMI, FL 33145	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Please change EIN to: 45-6538876

_____

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_____

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated _____ NOVEMBER 6 _____ 2020 _____

LUIS ISAIAS
Typed or printed name of signee

Filing Fee: $25.00