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SERBER&ASSOC.

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Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : SERBER & ASSOCIATES, P.A.

Account Number : 12000000083

Phone : (305) 932-6262

Fax Number : (305) 933-9393

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: info@serberlawfirm.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MIAMI BRICKELL 1501, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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| Page Count | 01 |
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N. CAUSSEAU

SEP - 4 2018

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Corporate Filing Menu

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H100-255655

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIAMI BRICKELL 1501, 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 02/19/2018 and assigned
Florida document number L18000043985

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

2875 N.E. 191st Street, Suite 801
Aventura, FL 33180

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

2875 N.E. 191st Street, Suite 801
Aventura, FL 33180

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

_____, Florida _____
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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------------------------|-----------------------------------|--|
| MGR | Jose Antonio Perez Fayad | 1425 Brickell Av. #43 F | <input type="checkbox"/> Add |
| | | Miami, FL 33131 | <input checked="" type="checkbox"/> Remove |
| MGR | Amara del Carmen Perez de Salomon | 2875 N.E. 191st Street, Suite 801 | <input checked="" type="checkbox"/> Add |
| | | Aventura, FL 33180 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 30, 2018

Signature of a member or authorized representative of a member

Jose Antonio Perez Fallad

Typed or printed name of signer

FILED
STATE OF FLORIDA
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