

L18000052748

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : US TAX CONSULTING INC
Account Number : I20160000060
Phone : (407)674-8969
Fax Number : (407)674-8970

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN.
BLUM 1010 BRICKELL, LLC

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
BLUM 1010 BRICKELL LLC**

The Articles of Organization for this Florida Limited Liability Company were filed on 02/27/2018 and assigned Florida document number .

Florida document number: L18000052748.
ELN Number: 36-4893131

Article I

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."

Article II

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5401 S. KIRKMAN RD STE 135, ORLANDO, FL 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5401 S. KIRKMAN RD STE 135, ORLANDO, FL 32819

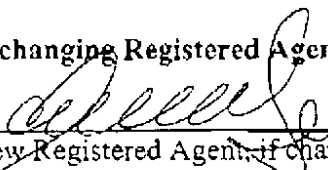
Article IV

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: US TAX CONSULTING INC.

New Registered Office Address: 5401 S. KIRKMAN RD STE 135, ORLANDO, FL 32819

New Registered Agent's Signature, If changing Registered Agent:



Signature of New Registered Agent, if changing

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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

D. 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: Saturday 07th, 2018.


 Signature of a member or authorized representative of a member

SERGIO DE SA

Typed or printed name of signee

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 18 SEP -7 AM 10:19
 TALLAHASSEE, FLORIDA