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COVER LETTER

TO:	Registration Sec Division of Corp			
CILTR		y Brickell Investment Group,	LLC	
SUB	3JECT:	Name of Limi	ited Liability Company	
The	enclosed Articles of a	Amendment and fee(s) are subr	mitted for filing.	
Plea	se return all correspo	ndence concerning this matter t	to the following:	
		Maximiliano J Trujillo Gor	nez	
		Little Britany Brickell Inve	Name of Person estment Group.LLC	
		9590 NW 40th Street Rd.	Firm/Company	<u> </u>
		Dord. FL 33178	Address	
		maximilianotrujillo@me.co	City/State and Zip Code m	
		E-mail address: (t	o be used for future annual report notif	Teation)
For	further information co	oncerning this matter, please ca	ill:	
Max	x Trujillo		786 2707604 at ()	
	Name of	Person	Area Code Daytime	e Telephone Number
Encl	osed is a check for th	e following amount:		
	\$25.00 Filing 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:

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

Little Britany Brickell Investment Group, 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 _____ کand assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Little Brittany Brickell Investment Group, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Maximiliano J Trujillo Gomez	4810 NW 40th Street Rd.	
		Doral FL 33178	
			□ Remove
		3029 NE 188th St. Unit 702	a remove
			Change
MGR	Carlos J Fermin Purroy	Aventura FL 33180	
			☐ Remove
			☐ Change
MGR	Enrique Barton	1000 BRICKELL AV, SUITE 102	
			Add
		Miami, FL 33131	
			Remove
			Change
			□ Demove
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fective date, if other than the date o	of filing:		_ (optional)	
fective date, if other than the date of the effective date is listed, the date must be spec- ote: If the date inserted in this block doc	cific and cannot be prior to date	of filing or more than 90 d	lays after filing.) Pi ents, this date wi	arsuant to 605.03 Il not be listed
cument's effective date on the Departme	ent of State's records.)		
record specifies a delayed effec	ctive date, but not an	effeç f ive time, at 1	2:01 a.m. on	the earlier
The 90th day after the record is	filed.	\checkmark		
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Filing Fee: \$25.00