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T SCHROEDER

COVER LETTER

Division of Co	rporations		
	CKELL VIEW LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Jennin Gil		
		Name of Person	_
	Saul Ewing Arnstein & Le	hr, LLP	
		Firm/Company	
	200 South Biscayne Blvd.	Suite 3600	
		Address	
	Miami, FL 33131		
		City/State and Zip Code	
	ronald.fieldstone@saul.con		
	E-mail address: (to be used for future annual report notifi	ication)
For further information (concerning this matter, please ca	all:	
Jennin Gil		305 428-4616 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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:

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

FLM BRICKELL VIEW LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our recor ability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company v Florida document number 1.18000256354	vere filed on 10/31/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LL	C" or the abbreviation "L.L.C."
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 offi registered agent and/or the new registered office address here:		is, enter the name of the new \mathbb{R}_{2} .
Name of New Registered Agent:		
New Registered Office Address:	<u></u>	\$ T
	Enter Florida street addre	
	, F	lorida Zin Code
New Registered Agent's Signature, if changing Registered Agent:	·	Zip Code \ \
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	erformance of my duties, a	nd I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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

<u>Title</u>	Name	Address	Type of Action
MGR	Saul Ewing Arnstein & Lehr, LLP	200 South Biscayne Blvd, Suite 3600, Miami, FL 33131	
			■ Remove
			Change
MGR	A&L Trust Associates, LLC	200 South Biscayne Blvd, Suite 3600, Miami, FL 33131	= Add
			☐ Remove
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		<u> </u>	□ Remove
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ective date, if other the reflective date is listed, the date: If the date inserted in cument's effective date on	this block does no	t meet the app	licable statutory fi	r more than 90 day ling requirement	(optional) s after filing.) Pu s, this date wil	rsuant to 605.0 I not be listed
record specifies a de he 90th day after th	layed effective e record is file	: date, but i d.	not an effectiv	e time, at 12:	01 a.m. on	the earlie
ed November 13		. 2018	4/////			18 NOV
		,				1
	Signature of	a member or all	thorted representat	ive of a member	<u> </u>	100

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Filing Fee: \$25.00