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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RIVEROS CORP. Account Number : I20190000048 Phone : (305)507-8464 Fax Number : (786)516-2206

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 **BRICKELL OFFICE LLC**

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MAY	17	2021

COVER LETTER

	stration Section of Corp					
	BRICKELL	OFFICE LLC				
SUBJECT: _		Name of Lim	ited Liability Company			
The enclosed a	Articles of A	amendment and fee(s) are sub-	mitted for filing.			
Please return a	ill correspon	dence concerning this matter	to the following:			
		ZULMA E BOURELLY				
			Name of Person			
			Firm/Company			
710 CUMBERLAND TERRACE			2021			
	Address		2021 HAY I 4 AM IO: OO SECHETARY OF STATE SATE AHASSEELFLORID!			
		DAVIE, FL 33325	City/State and Zip Code		THE AN IO: OO)
		CEO@RIVEROSCORP.CC	•		7 S 6	Ċ
		E-mail address: (1	o be used for future annual report notifi	ication)	# 00 ###	
For further inf	ormation co	ncerning this matter, please ca	ıll:		7 %	
ZUŁMA BOU	JRELLY		786 4395138			
	Name of	Person	Area Code Daytime	: Telephone Number		
Enclosed is a	check for the	e following amount:				
■ \$25,00 Fi	ling Foc	(1) \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing: Certificate of Certified Cop (additional copy	Status & y	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRICKELL OFFICE LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) (aability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.20000346453	were filed on 11/12/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LEC" or the a	
Enter new principal offices address, if applicable:	710 CUMBERLAND TERRACE	292
(Principal office address MUST BE A STREET ADDRESS)	DAVIE, FL 33325	± 5 € '''
Frincipal office dauress (FOSE BE A STREET ASSESSED		
Enter new mailing address, if applicable:	710 CUMBERLAND TERRACE	nor E
	DAVIE, FL 33325	0; C
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office	address on our records, enter the figh	ne of the new registered
B. It amending the registered agent and/or registered office address here:	address on our records, Enter the num	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	
	Cin: , Florida	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 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	<u>Name</u>	Address	Type of Action
AMBR	ROJAS, GERMAN	315 WESTON RD	
		STE 135	□Remove
		WESTON, FL 33326	■Change
AMBR	BOURELLY, ZULMA	710 CUMBERLAND TERRACE	□Add
		DAVIE, FL 33325	
			■ Change
			□Add
			☐Remove
			MAY IL AH IO: 00 AAAON OF TARE DEED TARE Change Change Change Change Change Change Change Change
			□Remove 1000 C
			GAdd
			□Remove
			⊡∧dd
			□Remove

_____ □Change

Typed or printed name of signee