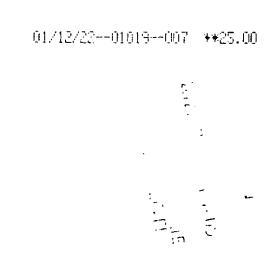
## 121000099136

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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A. BUTLER JAN 23 2022

## **COVER LETTER**

	ision of Corp		3 ( °	
CHD HECT.	Brickell Har	bour 5H. LLC	·	
SUBJECT		Name of Limi	ited Liability Company	
The enclosed	Brickell Harbour SH, LLC    Name of Limited Liability Company			
Please return	all correspor	idence concerning this matter	to the following:	
		Estefania Mai		
			Name of Person	
			Firm/Company	
		8431 S.W. 52nd Avenue		
			Address	
		Miami, Florida 33143	Carles and Tim Code	
		-	•	
				otification)
		oncerning this matter, please ca		
Norma Echa			at ( )	
	Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is:	a check for th	e following amount:		
\$25.00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Re Di P.0	gistration S vision of Co D. Box 632	ection orporations 7	Registration S Division of Co The Centre of	orporations Tallahassee
	<b>2,</b> •		Tallahassee, F	TL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	evit.	10
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.)	E
	:-	FL
The Articles of Organization for this Limited Liability Company were filed of	on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compa	ny here:	
The new name must be distinguishable and contain the words "Limited Liability Company,	" the designation "LLC" or the	he 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 office address on a agent and/or the new registered office address here:	our records, enter the I	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
Enti	er 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

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>	<u>Name</u>	Address	Type of Action
MGR	Carlos Rosso	8431 S.W. 52nd Avenue, Miami, Florida 33143	<b>=</b> Add
			🗆 Remove
			□ Change
			□Add
			□Remove
			□Change
			🗖 Add
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			□Add
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		<del></del>	□Remove
			□Change

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Signature of a member or authorized representative of a member	Dated		
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		Signature of a member or authorized representative of a member	
	Norma Ech	*****	