# 122000354222

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
J. HORNE
NOV 1 9 2024

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TO: Regutration Se Division of Cor				
SORTH A	I BRH KELL 4 I.J.C			
SUBJECT:	Name of Local	had Limbility Corruptly	_ <del></del>	
The calchaed Articles of	Amendment and fee(s) are sub-	method for filting.		
Ficase return ell согтари	ordence concerning that mother	to the following.		
	t ori Bucaker			
		Name of Person		
	Nurth Development Group	FreyCompany	<del></del>	
	(200 Brickell Avezue, 190			
		Milman	<del></del>	
	Muni, FL 13131			
	Buck Jargheorthdovetopmen	Cayoning and Zap Code 6.com		
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For further information o	concerning this (netter, phase to	all .		
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P.O. Box 63 Tallahassec,	27	The Centre of "	Fallahassee oe Street, Suite #10	

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Date: 10/15/2024

Easily create your account and get paid electronically.

Scan the QR code to get started



OR
Go to bill.com/epay and enter this code:

ljt02i0q



om: North at Brickell 4 LLC

BIL 1225/9

#### **COVER LETTER** :

TO:

Registration Section Division of Corporations

SUBJECT:	NORTH A	T BRICKELL 4 LLC		
50551		Name of Limi	ted Liability Company	
The enclosed	Articles of	Amendment and fee(s) are subr	nitted for tiling.	
Please return	all correspo	ondence concerning this matter t	o the following:	
		Lori Buckler		
			Name of Person	
		North Development Group	LLC	
			Firm/Company	
		1200 Brickell Avenue, 18th	Floor	
			Address	<del></del>
,		Miami, FL 33131		
			City/State and Zip Code	
		lbuckler@northdevelopment		
		E-mail address: (to	be used for future annual report not	ification)
For further in	nformation c	oncerning this matter, please ca	11:	
Lori Buckler			305 204-1375	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling 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)
Reg Div P.O	iling Addres gistration Strision of C D. Box 632 lahassee, 1	Section forporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre	rporations

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

NORTH AT BRICKELL 4 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 8/11/2022 Florida document number \_\_\_\_\_L22000354222 This amendment is submitted to amend the following: 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 "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: Lori Buckler Name of New Registered Agent: 1200 Brickell Avenue, 18th Floor New Registered Office Address: Enter Florida street address \_\_\_\_\_, Florida 33131 Zip Code Miami

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.

City

inging Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, 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
AMBR	Ricardo Dunin	4218 NE 2nd Avenue, Miami, FL 33137	□Add
			\BRemove
			□Change
AMBR	NORTH AT BRICKELL 3 LLC	1200 Brickell Avenue, 18th Floor, Miami, FL 3313	l ≣Add
			□Remove
			©Change
<u> </u>			□Add
			□Remove
			□ Change
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Effective date, if other th	an the date of filing:			(optional)	
(If an effective date is listed, the case). If the date inserted in	rate must be specific and ca this block does not mee	unnot be prior to date of et the applicable stat	ffiling or more than 90 utory filing require:	) days after filing.) Pursuar nents, this date will not	n to 605.0207 ( be listed as t
document's effective date or					
he record specifies a delayed of ord is filed.	offective date, but not an	reffective time, at 1	2:01 a.m. on the car	flier of: (b) The 90th d	ay after the
Dated September 18	_	2024			
			1		
	Signature of a pre-	mber or authorized rep	resentative of a memb	ner	
Eduardo Vargas,	President				
-	Т,	yped or printed name of	of signee		

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 OCT 29 PM IS

NORTH AT BRICKELL 4 LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.).

(A Florida Limited Liability Company)

	(A Florida Ellilited Ela	ontry Company)	The state of the s
The Articles of Organization for this Limited I Florida document number L22000354222	Liability Company w	ere filed on	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liabili	ty company here:	
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE.	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office adess here:	dress on our records, <u>e</u>	nter the name of the new register
Name of New Registered Agent:	Lori Buckler		
New Registered Office Address:	1200 Brickell Ave	enue, 18th Floor	
		Enter Florida street a	ddress
	Miami		, Florida 33131 Zip Code
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the propactions of my position as regional being filed to merely reflect a change in the	per and complete per fistered agent as pro	erformance of my dutie ovided for in Chapter (	s, and I am familiar with and 105, F.S. Or, if this document is

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
AMBR	Ricardo Dunin	4218 NE 2nd Avenue, Miami, FL 33137	□Add
			<b>=</b> Remove
			Change
AMBR	NORTH AT BRICKELL 3 LLC	1200 Brickell Avenue, 18th Floor, Miami, FL 3313	l ■Add
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			Change

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	September 18		2024	\		
Signature of a member or authorized representative of a member	<u>-</u>	,		+ .		
Signature of a member or authorized representative of a member				· ·		
		Signature of a n	tember or authorized	representative of a me	ember	
Eduardo Vargas, President	Eduardo Var	rgas President				