

L22000354222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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Special Instructions to Filing Officer.

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From: North at Brickell 4 LLC
To: FLORIDA DEPARTMENT OF STATE
Invoice Number: 2000354222
Bill Amount: \$55.00
Bill Payment Amount: \$55.00

Date: 10/15/2024
Check #: 9905542286

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Go to bill.com/epay and enter this
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COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: NORTH AT BRICKELL 4 LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

For Return
Name of Person
North Development Group LLC
Firm/Company
1200 Brickell Avenue, 18th Floor
Address
Miami, FL 33131
City/State and Zip Code
Brick4@aorthdevelopment.com
E-mail address (to be used for future annual report notifications)

For further information concerning this matter, please call

For Return
305 304-1375
Area Code Division Telephone Number

Enclosed is a check for the 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NORTH AT BRICKELL 4 LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lori Buckler

Name of Person

North Development Group LLC

Firm/Company

1200 Brickell Avenue, 18th Floor

Address

Miami, FL 33131

City/State and Zip Code

lbuckler@northdevelopment.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Buckler

305

204-1375

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

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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**

NORTH AT BRICKELL 4 LLC

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

FILED
2024 OCT 29 PM 12:10
CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 8/11/2022 and assigned
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 "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 our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Lori Buckler

New Registered Office Address:

1200 Brickell Avenue, 18th Floor

Enter Florida street address

Miami

Florida 33131

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Ricardo Dunin	4218 NE 2nd Avenue, Miami, FL 33137	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NORTH AT BRICKELL 3 LLC	1200 Brickell Avenue, 18th Floor, Miami, FL 33131	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated September 18, 2024

Eduardo Vargas, President

Typed or printed name of signee

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NORTH AT BRICKELL 4 LLC

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(A Florida Limited Liability Company)

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CLERK OF STATE
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Enter new mailing address, if applicable:

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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:

Lori Buckler

New Registered Office Address:

1200 Brickell Avenue, 18th Floor

Enter Florida street address

Miami

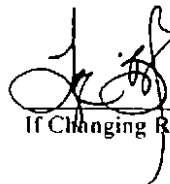
City

Florida 33131

Zip Code

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AMBR	NORTH AT BRICKELL 3 LLC	1200 Brickell Avenue, 18th Floor, Miami, FL 33131	<input checked="" type="checkbox"/> Add
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Typed or printed name of signee