

L23000042377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

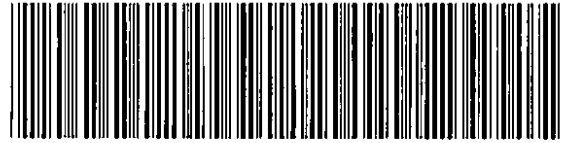
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

J. HORNE  
NOV 19 2024

Office Use Only



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10/29/24--01019--010 \*\*55.00

FILED  
2024 OCT 29 PM 12:12  
CLERK OF STATE  
JANET L. HARRIS

From: North at 1200 Brickell LLC  
To: FLORIDA DEPARTMENT OF STATE  
Invoice Number: 3000042377  
Total: \$55.00

Date: 10/7/2024  
Check #: 9905264573  
Bill Amount: \$55.00  
Bill Payment Amount: \$55.00

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NORTH AT 1200 BRICKELL 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 at 305 204-1375  
Name of Person Area Code Daytime 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)

Mail/Rex Address:  
Registration Section  
Division of Corporations  
P.O. Box 6127  
Tallahassee, FL 32314

Street Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite #10  
Tallahassee, FL 32303

Get paid up to  
7 days earlier  
with BILL!

Easily create your account and  
get paid electronically.

Scan the QR code to get started



OR

Go to [bill.com/epay](https://bill.com/epay) and enter this  
code:

7oi02i0s

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NORTH AT 1200 BRICKELL LLC

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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

\_\_\_\_\_  
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(additional copy is enclosed)

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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

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

NORTH AT 1200 BRICKELL LLC

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

FILED  
2024 OCT 29 PM 12:12

CLERK OF  
COURT

The Articles of Organization for this Limited Liability Company were filed on 1/23/2023 and assigned  
Florida document number L23000042377.

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

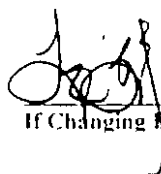
Florida 33131

*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	North Development Group LLC	4218 NE 2nd Avenue, Miami, FL 33137	<input type="checkbox"/> Add
		Update Address to	<input type="checkbox"/> Remove
		1200 Brickell Avenue, 18th Floor, Miami, FL 33131	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

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

NORTH AT 1200 BRICKELL LLC

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

FILED  
2024 OCT 29 PM 12:13

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Florida document number L23000042377.

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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

*City*

Florida 33131

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

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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**

[illegible]



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.

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Typed or printed name of signee