P130000/4371

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	BRICKELL 1200	PROPERTY, INC.		
DOCUMENT NUMB	P13000014371			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	EGLIANA GOMEZ			
	WD BUSINESS CONSULTA	Name of Contact Person ANTS	n	
•	Firm/ Company 1555 BONAVENTURE BLVID SUITE 1020			
,	Address WESTON, FL33326			
		City/ State and Zip Cod		
For further information	concerning this matter, pleas	se call:		
EGLIANA GOMEZ		954 at (4532295	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Companions		Amend	Address Iment Section	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

BRICKELL 1200 PROPERTY, INC.	Articles of Amendment to Articles of Incorporation of	WIND THE D
(<u>Name of C</u> P13000014371	orporation as currently filed with the Florid	la Dept. of State) ISSE OF SS
	(Document Number of Corporation (if know	n)

nt(s) to

P13000014371			1765
-	(Document Number	of Corporation (if known)	377
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation	adopts the following amendme
A. If amending name, enter the new na	ame of the corporation:		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corpe	The new porated" or the abbreviation pration name must contain the
		16350 SW 68TH TERR	ACE
B. Enter new principal office address, (Principal office address MUST BE A S	B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		16350 SW 68TH TERR	ACI:
(Matting dataress MAT DE AT OST	OFFICE BOX	MIAMI, FL.33193	
1). If amending the registered agent an	d/or registered office ad	dress in Klarida, enter the n	nme of the
new registered agent and/or the nev			
Name of New Registered Agent	FRANCISCO BLASINI		
	16350 SW 68TH TERRA	ACE	
	(Florida s	treet address)	
New Registered Office Address:	MIAMI		33193 Florida
New Registered Office Address.		(City)	(Zip Code)
New Registered Office Address:			, Florida
New Registered Agent's Signature, if c	hanging Registered Ager	ıt:	
I hereby accept the appointment as regist			ons of the position.
	Francis	08/ajini	
	Signature of Man	Panistared Agent if change	

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President: V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X_Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change X Add	<u>S</u>	EDUARDO E AGUIRRE	MIAMI, FL33193
Remove 2) Change Add			
Remove 3)ChangeAddRemove			
4) Change Add Remove			
5) Change Add			
Remove 6) Change Add Remove			

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A A IA C A A A A A A A A A A A A A A A A	
n amendment provides for an exchange, reclassification, or car ovisions for implementing the amendment if not contained in t	he armend ment itself:
(if not applicable, indicate N/A)	de afficient fixen.
(y not appreciate, maicuse two)	

The date of each amendment(s)	adoption:	if other than the
date this document was signed.	•	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this date we Department of State's records.	ll not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated	8-13-18	
Signature	Francisco Blasini	
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	FRANCISCO BLASINI	
	(Typed or printed name of person signing)	-
	PRESIDENT	
	(Title of person signing)	