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COVER LETTER

TO: Amendment Section Division of Corporations

+,1

NAME OF CORPOR	ATION: ONE BRICKELL	ELITE, INC	
DOCUMENT NUME	BER: P15000099495		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	ODIJAS CAMINHA		
•		Name of Contact Persor	1
	OGC ASSOCIATES PA		
		Firm/ Company	
	3275 W HILLSBORO BLVI	STE 306	
		Address	· · · · · · · · · · · · · · · · · · ·
	DEERFIELD BEACH, FL 3:	3442	
		City/ State and Zip Code	e
OGC	@OGCASSOCIATES.COM		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas		. 708-2817
Name o	of Contact Person	at (Area Co) 708-2817 de & Daytime Telephone Number
	the following amount made		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address Indment Section Ission of Corporations Box 6327 Ishassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment Articles of Incorporation of

ONE BRICKELL ELITE, INC	40			
(<u>Name</u>) P15000099495	of Corporation as current	ly filed with the Florida Dep	t. of State)	
	(Document Number	of Corporation (if known)		-
		·		
Pursuant to the provisions of section 607 ts Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation a	dopts the followin	g amendment(s) t
A. If amending name, enter the new na	ame of the corporation:			
BAL BRICKELL INC				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corpor "P.A."		bbreviation
3. Enter new principal office address, Principal office address <u>MUST BE A S</u>		N/A	-	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
maning dutiess <u>manifold partitions</u>	OTTICE DOX			
				 _
		···		
D. If amending the registered agent ar	nd/or registered office add	lress in Florida, enter the na	me of the	
new registered agent and/or the ne				
Name of New Registered Agent	N/A	· 		
	(Florida si	reet address)		
New Registered Office Address:			, Florida	
New Acquired Office Address.		(City)	, Florida(Zip (lode)
New Registered Agent's Signature, if c hereby accept the appointment as regist			Col	
nereny uccept the appointment as regist	erea agent. Tam jamutar	wun ana accept the obugation	is of the position.	
			 ,	
	Signature of New	Registered Agent, if changing	2017 S.E.C.	•
				-7-1
			AUG NETA NHAS	,
			338 74 91	, p
			- 1 ⁻¹ -5i TI	M

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			····
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
	
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an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the amei	The state of the s
(if not applicable, indicate N/A)	

AUGUST 3rd 2017 The date of each amendment(s) adoption:	, if other than the
late this document was signed.	, ii onto that th
Effective date if applicable:	
(no more than 90 days after amendment file date	9
Note: If the date inserted in this block does not meet the applicable statutory filing requirement focument's effective date on the Department of State's records.	nts, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the an by the shareholders was/were sufficient for approval.	nendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and action was not required.	shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and share action was not required.	cholder
Dated 08 03 / 2017	
Signature AV	
(By a director, president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, or	not been other court
appointed fiduciary by that fiduciary)	
JOAD SAYAD	
(Typed or printed name of person signing)	
MGR	
(Title of person signing)	