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SECRETARY OF STATE
TOLLINE ASSEEL FLURIOR

COVER LETTER

TO: Registration : Division of C			
SURIFCT			
SUBJECT: 175 SW 7 ST-1909, LLC Name of Limited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matte	r to the following:	
		Carmen Fanego	
		Name of Person	
		TotalBank	
	Firm/Company		
		Address	
	Miami, FL 33131		2014 SEP 12 FH 3: 14 SECRETARY OF STATE SALLAHASSEELFEORID
City/State and Zip Code			
	F-mail address:	anego@totalbank.com to be used for future annual report notifical	SSE SSE
For further information	concerning this matter, please		
To further information	concerning this matter, please	can.	
	armen Fanego		<u>76-6269</u>
Name	of Person	Area Code & Daytime T	elephone 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)
Regis	LING ADDRESS: stration Section sion of Corporations	STREET/COURIER Registration Section Division of Corporati	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

175 SW (<u>Name of the Limited Liability C</u> (A Florida Lin	7 ST-1909, LLC Company as it now appears on nited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Con Florida document number L1100005702	npany were filed on	01/13/2011	and ass	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company here:		mani Pi	3
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company,"	the designation "L		abbreviation
Enter new principal offices address, if applicable:	100 SE 2nd Stre	et, 32nd Floor	ARY (SS)	22 /
(Principal office address MUST BE A STREET ADDRE	(s.s) Miami, FL 3313	1		70 1
Enter new mailing address, if applicable:	100 SE 2nd Stre	et, 32nd Floor	STATE STATE	<u>ب</u> <u>-</u>
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 3313	1		
B. If amending the registered agent and/or register registered agent and/or the new registered office addresses		records, <u>enter t</u>	he name o	of the new
Name of New Registered Agent:				
New Registered Office Address: 100 SE	100 SE 2nd Street, 32nd Floor Enter Florida street address			
				4
	Miami City	, Florida	3313 Zip Cod	<u> </u>
New Registered Agent's Signature, if changing Registered A	•		zip cou	E.

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 60% 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ n
			Add Remove
			77 E Ad
			Remove "
			ARVAAdd S
			☐ Add ☐ Remove
	<u> </u>		<u>—</u> ~
D. Ifam	nending any other information	, enter change(s) here: (Attach additional she	ets, if necessary.)
	New address for all the M	IGRs:	
	100 SE 2nd Street, 32nd	Floor	
	Miami, FL 33131		
Dated	August 12		
	Signatu	umen Lanego	amber
	Sig ma tu	re of a member or authorized refinesentative of a me Carmen Fanego	SHIUCI
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00