L11000138/45

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
Special instructions to 1 ling Officer.							

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COVER LETTER

TO: Registration Division of 0	i Section Corporations				
SUBJECT:					
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	Carmen Fanego Name of Person				
		TotalBank Firm/Company			
	2014 SEP 12 PM SECRETARY OF TALLAHASSEC.F				
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	23 23				
For from how in formation	E-mail address:	anego@totalbank.com (to be used for future annual report notification)			
ror turther informatic	on concerning this matter, please	can:			
	Carmen Fanego	at (305) 476-6269 Area Code & Daytime Telephone Nur	nber		
Enclosed is a check for	or the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	Filing Fee, ficate of Status & ified Copy tional copy is enclosed)		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	S:		

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

	15520 NW 8					
(<u>Name of the Limited</u> (A	<u>Liability Compa</u> Florida Limited L	ny as it now appear Liability Company)	s on our records.)			
The Articles of Organization for this Limited L	iability Company	were filed on	12/08/2011	and assigned		
Florida document numberL11000138	3165					
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name o	f the limited liab	vility company her	<u>e</u> :	2014: SEC TALL		
The new name must be distinguishable and end wit "L.L.C."	th the words "Limi	ited Liability Compa	ny," the designation "I	Le of the abbreviation		
Enter new principal offices address, if applic	able:	100 SE 2nd S	Street, 32nd Floor	mg T		
(<u>Principal office address MUST BE A STREE</u>	T ADDRESS)	Miami, FL 33	131	1 : 23		
Enter new mailing address, if applicable:	100 SE 2nd Street, 32nd Floor					
(Mailing address MAY BE A POST OFFICE	Miami, FL 33131					
B. If amending the registered agent and/registered agent and/or the new registered of			our records, <u>enter (</u>	the name of the new		
Name of New Registered Agent:				,		
New Registered Office Address:	100 SE 2nd Street, 32nd Floor Enter Florida street address					
		Miami	, Florida	33131		
		City		Zip Code		
New Registered Agent's Signature, if changing l	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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> **Address** Type of Action ☐ Add ☐ Remove ☐ Add Remove Add Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) New address for all the MGRs: 100 SE 2nd Street, 32nd Floor Miami, FL 33131 August 12 2014 Dated ____ Signature of a member or authorized representative of a member Carmen Fanego Typed or printed name of signee

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Filing Fee: \$25.00