## 113000100541

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	е)		
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
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SECRETARY OF STATE

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## **COVER LETTER**

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TO:

**Registration Section** 

Division of Co	rporations		
SUBJECT:	838 NW 8	31 TERRACE, LLC	
		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
		Carmen Fanego	
		Name of Person	
	TotalBank		
		Firm/Company	
	100 SE 2nd Street, 32nd Floor		劉增
		Address	
		Miami, FL 33131	2014 9EP 12 PM 2: 36 SEGRETARY OF STATE FALLAHASSEE, FLORID
		City/State and Zip Code	
	cf	anego@totalbank.com	2.7
		to be used for future annual report notification	)
For further information	concerning this matter, please	cail:	
Ca	rmen Fanego	at ( 305 ) 476	-6269
Name	of Person	Area Code & Daytime Tele	phone 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)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	3

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

838 NV	N 81 TERRACE, LL	<u>.C</u>	
(A Flori	ility Company as it now appe da Limited Liability Company	)	
The Articles of Organization for this Limited Liabilit Florida document numberL13000100541	· · · · —	07/16/2013	and assigned
This amendment is submitted to amend the following	<b>;</b> :		
A. If amending name, enter the new name of the	limited liability company h	<u>ere</u> :	2014 SECR
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Com	pany," the designation "L	LC or the abbreviation
Enter new principal offices address, if applicable:	100 SE 2nd	Street, 32nd Floor	
(Principal office address MUST BE A STREET AD	Miami, FL 3	33131	2: 36 STATE LURIDA
Enter new mailing address, if applicable:	100 SE 2nd	Street, 32nd Floor	
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL	33131	
B. If amending the registered agent and/or re registered agent and/or the new registered office a Name of New Registered Agent:  New Registered Office Address: 10	ddress here: 0 SE 2nd Street, 32nd	Floor	
	I	Enter Florida street add	ress
	Miami	, Florida	33131
	City		Zip Code
New Desistand Agent's Signature if changing Desist	and Aments		

stered 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 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:

	= Manager 1 = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ n
<u></u>			
			Add Add Remove
			Add Company Co
			Add
D. If a	mending any other information, enter o	change(s) here: (Attach additional shee	ets, if necessary.)
	100 SE 2nd Street, 32nd Floor		
	Miami, FL 33131		
Dated _	August 12	2014	
Daleu _	Can	imen Laneor	<u> </u>
	Signature of a m	nember of authorized representative of a me Carmen Fanego	ember
	·	Typed or printed name of signee	<del></del>

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Filing Fee: \$25.00