

L10000062795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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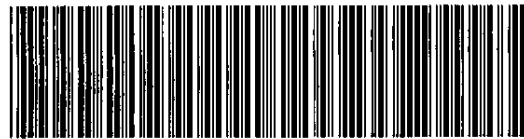
A

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SEP 21 2011

EXAMINER



100212264271

09/19/11--01035--004 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 SEP 19 AM 9:45

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOBLERPLATZ, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BIANCA SAPORITTO
Name of Person
TEAM REAL ESTATE MANAGEMENT, LLC
Firm/Company
2801 NE 208TH TERRACE, SECOND FLOOR
Address
AVENTURA, FLORIDA 33180
City/State and Zip Code
BIANCA@TEAMREMANAGEMENT.COM
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

BIANCA SAPORITTO at (305) 454-0915
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- Checked box for \$25.00 Filing Fee
Other boxes for \$30.00, \$55.00, and \$60.00 Filing Fees with various certificate and copy options.

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

TOBLERPLATZ, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/11/2010 and assigned
Florida document number L10000062795

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This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

City

Zip Code

New Registered 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 608, 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

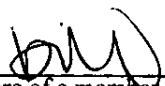
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager,
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MANFREDI, JORGE EDUA	2801 NE 208TH TERRACE SECOND FLOOR AVENTURA, FL 33180	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	COSTAGUTA, ELENA MAJ	2801 NE 208TH TERRACE SECOND FLOOR AVENTURA, FL 33180	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	SPINELLI, SEBASTIAN D.	2801 NE 208TH TERRACE SECOND FLOOR AVENTURA, FL 33180	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated SEPTEMBER 15, 2011



 Signature of a member or authorized representative of a member
 BIANCA SAPORITTO

 Typed or printed name of signee