

L14000054278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

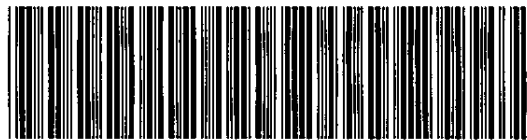
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2014 AUG 15 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan AUG 18 2014



Miami, August 11, 2014

CODE: 2384

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Re: Temescal Downtown Offices LLC – L14000054278
ARTICLES OF AMENDMENT TO ARTICLES ORGANIZATION**

Dear Sir or Madam:

Please find attached the following documents regarding the above mentioned:

- 1) Cover Letter & Articles of Amendment to Articles of Organization dully signed
- 2) Check number #1187 from First United Bank in the amount of \$25.00 as payment fee

Please feel free to contact me for any additional information.

Thank you very much for your special attention to this request.

Very truly yours,

InterCorp Internacional Group
Carolina Ribeiro

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TEMESCAL DOWNTOWN OFFICES 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:

CAROLINA RIBEIRO

Name of Person

INTERCORP INTERNATIONAL LLC

Firm/Company

801 BRICKELL AVE., STE. 926

Address

MIAMI, FL 33131

City/State and Zip Code

carolina@intercorpgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROLINA RIBEIRO

Name of Person

at **(305) 789-6694**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TEMESCAL DOWNTOWN OFFICES 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 APRIL 02, 2014 and assigned Florida document number L14000054278.

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 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

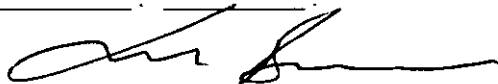
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LEONARDO SAMPAIO DE LACERDA BRAUNE	801 BRICKELL AVE., STE. 926	<input type="checkbox"/> Add
		MIAMI, FL 33131	<input checked="" type="checkbox"/> Remove
MGR	LEONARDO SAMPAIO DE LACERDA	801 BRICKELL AVE., STE. 926	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<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.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____



Signature of a member or authorized representative of a member

LEONARDO SAMPAIO DE LACERDA

Typed or printed name of signee

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TALLAHASSEE, FLORIDA