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COVER LETTER

TO: Registration Division of C	Section Corporations			
SUBJECT:	5433 NW 18	5433 NW 184TH STREET, LLC Name of Limited Liability Company		
SUBJECT:				
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.		
Please return all corre	spondence concerning this matter	r to the following:		
		Carmen Fanego Name of Person	_	
		Name of Person		
		TotalBank		
	Firm/Company			
100 SE 2nd Street, 32nd Floor		2014 SEP 12 PH 3: 07 SECRETARY OF STATE PAULAHASSEE, FLORID		
	Address			
	Miami, FL 33131		SSE SSE 12	
	City/State and Zip Code			
	Cfanego@totalbank.com E-mail address: (to be used for future annual report notification)			
For further information	E-mail address: on concerning this matter, please		4 3: 07 STATE FLORIDA	
(Carmen Fanego	at (305) 476-6269		
Nar	ne of Person	Area Code & Daytime Telephone Num	ber	
Enclosed is a check for	or the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif	Filing Fee, icate of Status & ied Copy ional copy is enclosed)	
M.	AILING ADDRESS:	STREET/COURIER ADDRESS	· :	
Rep	gistration Section	Registration Section		
	vision of Corporations D. Box 6327	Division of Corporations Clifton Building		
	lahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5433 N	W 184TH	STREET, LL	C			
(<u>Name of the Limited Lia</u> (A Flo	rida Limited L	ny as it now appears liability Company)	s on our records.)			
The Articles of Organization for this Limited Liabil Florida document numberL1000001109		were filed on	01/29/2010			
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of the	e limited liab	ility company here	:	SECRE	2014 95	**************************************
The new name must be distinguishable and end with the "L.L.C."	e words "Limit	ted Liability Compar	ny," the designation "	LECTED TO	2	
Enter new principal offices address, if applicable	e:	100 SE 2nd S	treet, 32nd Floo	r Tara	₽	. .
(Principal office address MUST BE A STREET A	DDRESS)	Miami, FL 33	131	52 Z	ယ္	*****
				977	07	
Enter new mailing address, if applicable:		100 SE 2nd S	treet, 32nd Floo	<u>.</u>		
(Mailing address MAY BE A POST OFFICE BOX)		Miami, FL 33	131			
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address: 1	address here	Street, 32nd Flo			e of th	ie new
		Miami			121	
_		City	, Florida	Zip C	131 'ode	—
		City		Lip	oue	

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 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 Name 1 **Address Type of Action** □ Add Remove Add Remove □Add 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 ___ agnature of a member or authorized representative of a member Carmen Fanego

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee