

L03 0000003976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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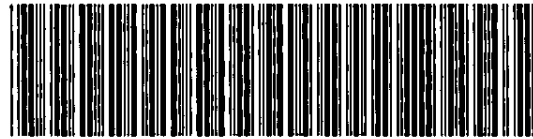
(Business Entity Name)

(Document Number)

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NICOLAS FERNANDEZ, P.A.

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5760 SOUTHWEST 8TH STREET
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MIAMI, FLORIDA 33144
www.nferpa.com

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Writer's Email: mchow@nferpa.com

May 15, 2014

Via Federal Express

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: TotalBank (the 'Bank') Loan to Miami Industrial Park, LLC, a Florida limited liability company, 7744 Commerce Park, LLC, a Florida limited liability company and Westland Commerce Park, LLC, a Florida limited liability company; (the 'Borrowers'); Our Matter: 1621.05

Dear Sir or Madam:

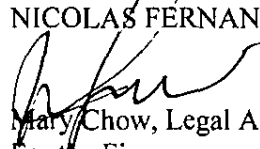
In connection with the above-referenced matter, enclosed herewith please find the following documents:

1. Cover Letter and Articles of Amendment for **Westland Commerce Park, LLC**;
2. Cover Letter and Articles of Amendment for **Miami Industrial Park, LLC**;
3. Cover Letter and Articles of Amendment for **Barr Holdings, LLC**;
4. Cover Letter and Articles of Amendment for **7744 Commerce Park, LLC**; and
5. Check No. 1076 in the total amount of 100.00 (4 x \$25) for filing fees for all four companies.

Thank you for your cooperation. If you should have any questions or comments, please do not hesitate to contact this office.

Very truly yours,

NICOLAS FERNANDEZ, P.A.


Mary Chow, Legal Assistant
For the Firm

/mc

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **BARR HOLDINGS 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:

RAUL BOLUFE

Name of Person

Firm/Company

5601 West Flagler Street

Address

Miami, Florida 33126

City/State and Zip Code

bolufe1@yahoo.com

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

For further information concerning this matter, please call:

Raul Bolufe

Name of Person

at **(305) 260-0810**

Area Code

Daytime Telephone 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 ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

BARR HOLDINGS 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 February 3, 2003 and assigned Florida document number L03000003976.

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)

5601 West Flagler Street

Miami, Florida 33126

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5601 West Flagler Street

Miami, Florida 33126

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:

Raul Bolufe

New Registered Office Address:

5601 West Flagler Street

Enter Florida street address

Miami

Florida 33126

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.

Raul Bolufe
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	Raul Bolufe	c/o Raul Bolufe, 5601 West Flagler Street, Miami FL 33126	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Carlos Rodriguez	c/o Raul Bolufe, 5601 West Flagler Street, Miami, FL 33126	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Luis Rubalcabal	c/o Raul Bolufe, 5601 West Flagler Street, Miami, FL 33126	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	American All-State, Inc.	1181 Hidden Valley Way, Weston, FL 33327	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Carlos Rodriguez	7035 Gleneagle Drive, Miami Lakes, FL 33014	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	All Parallel Bars, Inc.	18035 S. Dixie Highway, Miami, FL 33157	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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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>
MGRM	Raul Bolufe	7115 Glenealge Dr., Miami Lakes, FL 33014	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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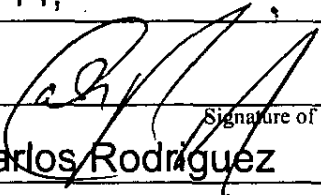
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Article 5. Is hereby modified to provide the company as
manager managed in accordance with the Operating
Agreement rather than member managed.

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 May 14, , 2014



Signature of a member or authorized representative of a member

Carlos Rodriguez

Typed or printed name of signer

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