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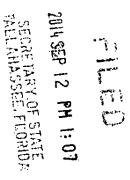
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COVER LETTER

Division of C			
SUBJECT:	ТВС	DREO, LLC	
		ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
		Carmen Fanego	
		Name of Person	
		TotalBank	
		Firm/Company	· ·
	100.5	SE 2nd Street, 32nd Floor	26 26
	100 0	Address	
		Minus El 20404	2014 SEP 12 PM SECRETARY OF STALLAHASSEEFE
	<u> </u>	Miami, FL 33131 City/State and Zip Code	
	cfa	anego@totalbank.com to be used for future annual report notifice	OF STATE
	E-mail address: (to be used for future annual report notification	FLORIDA FLORIDA
For further information	concerning this matter, please of	all:	
	armen Fanego		76-6269
Name	of Person	Area Code & Daytime	Felephone Number
	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)
3.4 a I	LING ADDRESS:	(TREET/CAURIE	D ADDDESS.
	stration Section	STREET/COURIE Registration Section	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TBORE	O. LLC		
(Name of the Limited L (A F			on our records.	
The Articles of Organization for this Limited Liab Florida document number L100000490		were filed on	05/06/2010	and assigned
This amendment is submitted to amend the follow	/ing:			
A. If amending name, enter the new name of the	he limited liab	ility company here	:	
The new name must be distinguishable and end with	the words #1 imi	tad Liability Compan	y ? the designation "!!	PANO at Standard
"L.L.C."	ine words "Limi	ted Liability Compar	iy," the designation "L	or the abbreviation
Enter new principal offices address, if applicab	ile:	100 SE 2nd S	treet, 32nd Floor	185 - T
(Principal office address MUST BE A STREET	ADDRESS)	Miami, FL 33	131	2 X
				7.
•				17 O.1
Enter new mailing address, if applicable:		100 SE 2nd S	treet, 32nd Floor	
(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			ur records, <u>enter tl</u>	e name of the new
Name of New Registered Agent:				
New Registered Office Address:	100 SE 2nd	Street, 32nd Flo	oor	
registered office (fadicas).	Enter Florida street address			
		Miami	, Florida	33131
		City	· · · · · · · · · · · · · · · · · · ·	Zip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:			
I hereby accept the appointment as registered the provisions of all statutes relative to the proaccept the obligations of my position as registe being filed to merely reflect a change in the recompany has been notified in writing of this change in the research.	per and comp ered agent as p gistered office	lete performance d provided for in Ch	of my duties, and I a apter 605, F.S <u>. Or,</u> i	m familiar with and f this document is

If Changing Registered Agent, Signature of New Registered Agent

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

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
		· · · · · · · · · · · · · · · · · · ·	_□ Add □□ Remove
	·		Kemove
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			Remove
		P 2	Add Remotove
			<i>ω</i>
			Add Remove
	7.700		Add Remove
). If amen	ding any other information, o	enter change(s) here: (Attach additional sheets, if necessary.)	
N	ew address for all the MC	GRs:	_
<u>10</u>	00 SE 2nd Street, 32nd F	loor	_
<u>M</u>	iami, FL 33131		_
		•	_
 Dated	August 12	2014	_
Dated	, .agast 12	2014	
	Signature	of a member brauthorized representative of a member	
•		Carmen Fanego Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00