110000065829

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE
TALLAHASSEE FLORISA

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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 5, 2014

CVARMEN FANEGO 100 SE 2ND ST 32ND FLOOR MIAMI, FL 33131

SUBJECT: RED LEAF HOLDINGS, LLC

Ref. Number: L10000065829

We have received your document for RED LEAF HOLDINGS, LLC and your check(s) totaling \$145.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 514A00016734

COVER LETTER

TO: Registration Se Division of Cor		\$ \ \$\dag{\dag{\dag{\dag{\dag{\dag{\dag{\dag{	\ .
SUBJECT:	Red Lea	f Holdings, LLC	
SUBSECT.		ted Liability Company	····
	Amendment and fee(s) are sub indence concerning this matter	_	·
		Carmen Fanego	
		Name of Person	
		TotalBank	
		Firm/Company	
	100 \$	SE 2nd Street, 32nd Floor	
		Address	
		Miami, FL 33131	
		City/State and Zip Code	
	Cfa E-mail address: (anego@totalbank.com to be used for future annual report notific	ation)
For further information c	oncerning this matter, please of		
Car	men Fanego	at (305) 4	76-6269
	of Person	at (<u>305</u>) 4 Area Code & Daytime	Telephone Number
Enclosed is a check for the	he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ed Leaf Holdi	•	r records)		
(A	Florida Limited I	ny as it now appears on our liability Company)	<u>records.</u>)		
The Articles of Organization for this Limited Lial Florida document number L10000065829	bility Company	were filed on <u>06/21/2</u>	010	and ass	igned
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liab	ility company here:		•	•
The new name must be distinguishable and end with the wo	ords "Limited Liab	ility Company," the designat	tion "LLC" or the	e abbreviation "l	L.C."
Enter new principal offices address, if applicable:		100 SE 2nd Street, 32nd Floor			
(Principal office address MUST BE A STREET ADDRESS)		Miami, FL 33131			
Enter new mailing address, if applicable:		100 SE 2nd Stree	et, 32nd Flo	or	
(Mailing address MAY BE A POST OFFICE BOX)		Miami, FL 33131			
B. If amending the registered agent and/or the new registered offi			records, <u>énte</u>	r the name	of the new
Name of New Registered Agent:			<u></u>		SPECIAL SPECIA
New Registered Office Address:	Legal Depa	rtment, 100 SE 2nd		id ElooP	rike ora
		Enter Florida stree	t address?		171
		Miami City	, Florida _		22.00
New Registered Agent's Signature, if changing Re	gistered Agent:	Cit,			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the re company has been notified in writing of this ci	agent and agr and complete ered agent as p gistered office hange.	performance of my du provided for in Chapte	ties, and I an r 605, F.S. O. firm that the l	n familiar wil r, if this doci	th and iment is ity

Page 1 of 3

If amendir Authorized	ng the Managers or Authorized Member <u>Member being added or removed fr</u> o	er on our records, <u>enter the title, r</u> o <u>m our records</u> :	name, and address of each Manager or
MGR = 1 AMBR = .	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
	· 		Add
			Remove
			Remove
			TALLIAHAS SEEL FLORIDA
		,	OF STATE ORIDA
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			□ Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) New address for the MGRs:
	100 SE 2nd Street, 32nd Floor
	Miami, FL 33131
(The et	Cive date, if other than the date of filing:(optional) (fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ate this document is filed by the Florida Department of State)
Date	1) Pop 04 12-11
	Carmen Lanego
	Signature of a member or authorized regresentative of a member Carmen Fanego
	Typed or printed name of signee

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Filing Fee: \$25.00

14 DEC TO AMID: 40

SECRETARY OF STATE