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SECRETARY OF STATE VLEAHASSEE, FLORING

COVER LETTER

Division of Co					
SUBJECT:	12900 N	12900 NW 30 AVE, LLC			
		ited Liability Company			
	f Amendment and fee(s) are su	_			
Please return all corresp	pondence concerning this matte	r to the following:			
		Carmen Fanego			
		75 21			
	.				
	2014 SEP 12 SECRETARY				
		571			
	E-mail address: (anego@totalbank.com to be used for future annual report notificat	ion)		
For further information	concerning this matter, please	eall:			
Ca	rmen Fanego	at (305) 47	6-6269	•	
. Name	of Person	Area Code & Daytime T	elephone 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)	Certified (e of Status &	
MAILING ADDRESS: Registration Section Division of Corporations		STREET/COURIER	ADDRESS:		
		Registration Section			

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

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

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

		O AVE, LLC	s on our records)				
(<u>Name of the Limited</u> (A	Florida Limited I	Liability Company)	s on our records.				
The Articles of Organization for this Limited Liability Company were filed on09/24/2010 and assign and assig							
This amendment is submitted to amend the following	owing:						
A. If amending name, enter the new name of	oility company her	SEGRE					
The new name must be distinguishable and end wit "L.L.C."	h the words "Lim	ited Liability Compa	ny," the designation "	کہ تیا	gbbrevlation		
Enter new principal offices address, if applications	able:	100 SE 2nd S	Street, 32nd Floor	r = 7.0	70 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2		
(Principal office address MUST BE A STREE	T ADDRESS)	Miami, FL 33	131		<u></u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		100 SE 2nd Street, 32nd Floor Miami, FL 33131					
B. If amending the registered agent and/oregistered agent and/or the new registered of			ur records, <u>enter</u>	the name (of the nev		
Name of New Registered Agent:							
New Registered Office Address:	100 SE 2nd	Street, 32nd Fl	oor				
	Enter Florida street address						
		Miami	, Florida	3313			
	•	City		Zip Cod	e		
New Registered Agent's Signature, if changing R	egistered 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** <u>Name</u> **Address** Type of Action ☐ Add Remove R**€**itove Remove 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 ____ signature of a member or authorized representative of a member Carmen Fanego Typed or printed name of signee

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Filing Fee: \$25.00