## 11000000401

(Requestor's Name)				
(Address)				
(Ac	ddress)			
(Ci	ity/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Ви	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
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SEP 1 7 2014

## **COVER LETTER**

10:	Division of Co				
SUBJE	CT.	175 SW 7S	T-UNIT 1403, LLC		
SUDJE	.c.:		ted Liability Company	<del></del> :	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please 1	eturn all correspo	ondence concerning this matter	to the following:		
			Carmen Fanego		
· · · · · · · · · · · · · · · · · · ·			Name of Person	<u> </u>	
			TotalBank	ZOIN SEP 12 SECRETARY TALLAHASS	
			Firm/Company	P 12	
	100 SE 2nd Street, 32nd Floor				
			Address	Y OF S	
			Miami, FL 33131	STATE TO	
			City/State and Zip Code	1>	
		Cfa	anego@totalbank.com to be used for future annual report notification)		
For furt	her information of	concerning this matter, please of			
	0-		470 0000		
		rmen Fanego of Person	at ( 305 ) 476-6269  Area Code & Daytime Telephone N	umber	
			,		
Enclose	ed is a check for t	he following amount:			
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy (additional copy is enclosed)	00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)	
	Regist Divisio P.O. B	AING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	ss:	

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

173 ( <u>Name of the Limited</u> (A	5 SW 7ST-U Liability Compar Florida Limited L	NIT 1403, LL 1 <b>y as it now appear</b> iability Company)	s on our records.)	·
The Articles of Organization for this Limited L Florida document numberL11000000	iability Company			and assigned
This amendment is submitted to amend the foll  A. If amending name, enter the new name of	· ·	ility company her	<u>.</u>	2014 SEP 12
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ted Liability Compa	ny," the designation "l	To the abbreviatio
Enter new principal offices address, if applic	able:	100 SE 2nd S	Street, 32nd Floor	三型 三
(Principal office address MUST BE A STREE	T ADDRESS)	Miami, FL 33	3131	]X1 <del>22</del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		100 SE 2nd S Miami, FL 33	Street, 32nd Floor 1131	
B. If amending the registered agent and/ registered agent and/or the new registered o			our 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 ter Florida street add	hress
		Miami	. Florida	33131
		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 65 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM =	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Damoua
			_ ~
			Remove
			<b></b>
			Add Remove
			7814 ALSE
			്ടെപക ്
			Remove S
			Add A
			<b></b>
	<u> </u>		一一一
D. If ame	ending any other information	enter change(s) here: (Attach additional sheet	ts if nacassary)
	New address for all the MC	-	s, y necessary.)
-			
_	100 SE 2nd Street, 32nd F	IOUI	
<u>-</u>	Miami, FL 33131		
_			
_			
Dated	August 12		
		Couman Samona	
	Signature	of a member or authorized representative of a mer	mber
		Carmen Fanego	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00