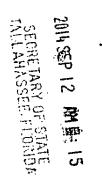
11000000409

| (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | (Re | equestor's Name) | |
|---|-------------------------|--------------------|-----------|
| (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | (Ac | idress) | |
| PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | (Ac | ldress) | |
| (Business Entity Name) (Document Number) Certified Copies Certificates of Status | (Ci | ty/State/Zip/Phone | e #) |
| (Document Number) Certified Copies Certificates of Status | PICK-UP | ☐ WAIT | MAIL. |
| Certified Copies Certificates of Status | (Bu | ısiness Entity Nan | ne) |
| | (Do | ocument Number) | |
| Special Instructions to Filing Officer: | Certified Copies | _ Certificates | of Status |
| | Special Instructions to | Filing Officer: | |
| | | | |
| | | | |
| | | | |
| Office Use Only | | , | • |



600263670726

09/12/14--01023--001 **1660.00



SEP 17 2014 CLINE

COVER LETTER

| TO: | Registration Section Division of Corpo | | | | |
|------------------------------------|---|--|---|-------------------------|--------------------------------------|
| SUBJECT: 175 SW 7ST-UNIT 1206, LLC | | | | | |
| | Name of Limited Liability Company | | | · | |
| | | nendment and fee(s) are sub | _ | | |
| | | | | | |
| | | | Carmen Fanego Name of Person | | |
| | | | Name of reison | | |
| TotalBank | | | | | |
| | Firm/Company | | | | |
| 100 SE 2nd Street, 32nd Floor | | • | | | |
| Address | | 7011 SE | | | |
| | | | Miami, FL 33131 | | CRE SE |
| | | | City/State and Zip Code | ·- | 3元 7 |
| | Cfanego@totalbank.com E-mail address: (to be used for future annual report notification) | | | t notification) | |
| For furth | ner information con | cerning this matter, please c | | , | 2014 SEP 12 W # 15 TABLAHASSEL FRANK |
| | Carm | en Fanego | at (305) | 476-6269 | 27 CT |
| | Name of P | erson | | aytime Telephone Number | |
| | d is a check for the | following amount: \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enc | closed) Certified | te of Status & |
| | Registrati Division P.O. Box | G ADDRESS: fon Section of Corporations 6327 ee, FL 32314 | Registration S Division of C Clifton Build | Corporations | |

Tallahassee, FL 32301

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

| 175 SW | 7ST-UNIT 1206 | , LLC | | |
|--|---|---------------------------------|--|--|
| (<u>Name of the Limited Liabi</u> (A Florid | ity Company as it now ag a Limited Liability Compa | opears on our records.) any) | | |
| The Articles of Organization for this Limited Liability | Company were filed on | 01/03/2011 | and assigned | |
| Florida document number L1100000409 | · | | | |
| This amendment is submitted to amend the following | : | | | |
| A. If amending name, enter the new name of the li | mited liability company | y here: | | |
| The new name must be distinguishable and end with the v "L.L.C." | words "Limited Liability Co | ompany," the designation "L | LC" or the abbreviation | |
| Enter new principal offices address, if applicable: | 100 SE 2 | nd Street, 32nd Floor | | |
| (Principal office address MUST BE A STREET AD | <u>DRESS)</u> Miami, FL | _ 33131 | 50 B | |
| | | 1 | | |
| | | | | |
| Enter new mailing address, if applicable: | 100 SE 2 | nd Street, 32nd Floor | SSR 7 | |
| (Mailing address MAY BE A POST OFFICE BOX) | <u>Miami, FL</u> | _ 33131 | T9 2 | |
| | | | | |
| | | | 5 S | |
| B. If amending the registered agent and/or reg | | on our records, enter t | he name of the new | |
| registered agent and/or the new registered office a | ddress here: | | | |
| | | | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: 10 | OSE 2nd Street, 32r | | <u>. </u> | |
| | | Enter Florida street addi | ress | |
| | Miami | , Florida | 33131 | |
| | City | | Zip Code | |
| Many Desistance Agentle Cignotune if shougher Desista | | | | |

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 602: 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

MGR = Manager

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>:

| MGRM | l = Managing Member | | | | |
|--------------|-------------------------------------|-------------------------|---|-------------------|------------|
| <u>Title</u> | <u>Name</u> | 4 | Address | Type of Action | <u>on</u> |
| | | - | · · · · · · · · · · · · · · · · · · · | □ Add □ Remove | |
| | _ · | | | Add ☐ Remove | |
| | | - - - | | Add Remove | |
| | | <u> </u> |) | Add Remove | , and a 4, |
| | | · | 7 0 0 | Add Remove | |
| | | | | Add Remove | **** |
| D. If an | nending any other information, ente | r change(s) | here: (Attach additional sheets, if necessary.) | | |
| | New address for all the MGRs | 3: | | | |
| | 100 SE 2nd Street, 32nd Floo | r | | | |
| · | Miami, FL 33131 | | | _ | |
| | | | | | |
| Dated _ | August 12 | 2014 | · | | |
| | α | <u>Men</u> | Lanego | | |
| | Signature of a | | authorized representative of a member | - | |
| | | Carr Typed or p | nen Fanego rinted name of signee | | |

Page 2 of 2

Filing Fee: \$25.00