10000034686

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SECRETARY OF STATE
SECRETARY OF STATE
ANASSEE, FLORID

J. BRYAN
JUL 1 0 2012
EXAMINER

COVER LETTER

TO: Registration? Division of Co		•		•
SUBJECT:	BSF ⁻	ΓRAILS, LLC		
		ted Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	pondence concerning this matter	to the following:		
		Vanette Lugo		
		Name of Person		
		Trade Street		
		Firm/Company		
	19950 W	19950 W Country Club Drive, Suite 800		
		Address		THE TOTAL TOTAL
		Aventura, FL 33180		ANIZJUL-9 PH 3: 28 SECRETARY OF STATE TALLANASSEE, FLORID
	- i	City/State and Zip Code		
		lugo@trade-street.com		709 3
		to be used for future annual report	notification)	19 N
For further information	concerning this matter, please of	call:		5000
\	/anette Lugo	at (786)	248-6017	
Name	of Person		aytime Telephone 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 encl		f Status &
	LING ADDRESS:	STREET/CO	OURIER ADDRESS:	

MAILING ADDRESS: 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

Name of the Limited Liability	IRAILS, LLC	on our records \		
(<u>Name of the Limited Liability</u> (A Florida L	imited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Co. Florida document numberL11000034686	ompany were filed on	03/22/11	and assigned	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limit	ted liability company here	:	型型工	
9 · · · · / <u></u>	<u> </u>		The second	
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Compan	y," the designation	"LLC" of the abbreviation	
Enter new principal offices address, if applicable:			98 %	
(Principal office address MUST BE A STREET ADDR.	ESS)			
Enter new mailing address, if applicable:		·		
(Mailing address MAY BE A POST OFFICE BOX)				
			·	
B. If amending the registered agent and/or registered agent and/or the new registered office addr		r records, <u>enter</u>	the name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	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 608, 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 Title <u>Name</u> Type of Action <u>Address</u> MGR BSF TSC GP, LLC 19950 W. COUNTRY CLUB DRIVE, SUITE 800 ☐ Add Remove AVENTURA, FL 33180 MGR TS Manager, LLC 19950 W. COUNTRY CLUB DRIVE, SUITE 800 ✓ Add Remove AVENTURA, FL 33180 ☐ Add Remove □ Add Remove $\prod Add$ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2012 June 5 Dated ____ Signature of a member or authorized representative of a member Bert Lopez/ Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00