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SECRETARY OF STATE

SEP 1 7 ZOI4 T CLINE

COVER LETTER

TO: Registration Division of C	Section Corporations					
SUBJECT:	20716 \$	20716 SW 81 PL, LLC Name of Limited Liability Company				
The enclosed Articles	of Amendment and fee(s) are sub-	omitted for filing.				
Please return all corre	spondence concerning this matter	to the following:				
	Carmen Fanego					
		Name of Person				
		TotalBank				
		Firm/Company		- 2		
		2014 SEP 12 FM 1: 40 SECRETARY OF STATE TALLAHASSEE, FLORID	~}			
	•	Address		昭	THEORY THEORY	
		Miami, FL 33131		2 7 8 8 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
		City/State and Zip Code				
	E-mail address: (nego@totalbank.com to be used for future annual report notificat	ion)			
For further informatio	n concerning this matter, please of	·				
C	carmen Fanego	at (305) 47	76-6269			
Nam	e of Person	Area Code & Daytime T	elephone Number	 .		
Enclosed is a check for	or the 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 Certificate of Certified Co (additional of	of Status &		
MAILING ADDRESS: Registration Section Division of Corporations		STREET/COURIER Registration Section Division of Corporati				

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

20 (<u>Name of the Limited Lia</u> (A Flo	716 SW 8 bility Compan rida Limited Li		on our records.)	
The Articles of Organization for this Limited Liabil Florida document numberL1100006102		were filed on	05/24/2011	and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liabil	lity company here	:	201 5AL
The new name must be distinguishable and end with th "L.L.C."	e words "Limite	ed Liability Compan	y," the designation "LL	C" of the abareviation
Enter new principal offices address, if applicable	e:	100 SE 2nd St	reet, 32nd Floor	SE 2
(Principal office address MUST BE A STREET ADDRESS)		Miami, FL 331	131	
Endown was the said of the sai	·	100 SE 2nd St	root 20nd Floor	T: +0
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Miami, FL 331	reet, 32nd Floor	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:			r records, <u>enter th</u>	e name of the new
New Registered Office Address:	00 SE 2nd	Street, 32nd Flo		
		Ente	r Florida street addre	255
_		Miami	, Florida	33131
		City		Zip Code
New Registered Agent's Signature, if changing Regi	stered 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 60 \$ 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 Type of Action** <u>Name</u> **Address** ☐ Add Remove ☐ Add Remove ☐ Add Remove 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 ___ esentative of a member Carmen Fanégo Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00