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SECRETARY OF STATE
TAX CARASSET, FLORIDA

SEP 17 2014 T CLINE

COVER LETTER

	Registration Se Division of Co				
SUBJEC	SUBJECT: 7360 SW 167 ST, LLC				
CODUC			ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub-	omitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
	Carmen Fanego Name of Person			<u>. </u>	
			TotalBank		
	Firm/Company				
	100 SE 2nd Street, 32nd Floor				
			Address		
			Miami, FL 33131		
	City/State and Zip Code			Sign 12	
		Cfa E-mail address: (anego@totalbank.com to be used for future annual report notificatio	n)	
For furth	er information of	concerning this matter, please of	•	SECRETARY OF STATE WASSESTANDED BY STATE	
		rmen Fanego	ai (s-6269	
	Name o	of Person	Area Code & Daytime Tele	ephone Number	
Enclosed	l is a check for t	he following amount:			
₹ \$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Regist Division P.O. B	LING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	is	

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

7	7360 SW 16	37 ST. LLC		
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appears Liability Company)	on our records.)	12 m
The Articles of Organization for this Limited Lia	ibility Company	were filed on	05/18/2012	and assigned
Florida document number L12000067	615			WERSON SIMIL
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here	:	
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ited Liability Compan	y," the designation "L	LLC" or the abbreviation
Enter new principal offices address, if applicable:		100 SE 2nd St	reet, 32nd Floor	
(Principal office address MUST BE A STREET ADDRESS)		Miami, FL 331	31	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			reet, 32nd Floor	
		Miami, FL 33131		
B. If amending the registered agent and/o registered agent and/or the new registered off			r records, <u>enter t</u>	he name of the new
Name of New Registered Agent:				
New Registered Office Address:	100 SE 2nd	Street, 32nd Flo		
		Ente	r Florida street add	ress
		Miami	, Florida	33131
		City		Zip Code
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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

	= Manager 1 = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	·	· 	Add A
		Υ	Remove
			Add To Remove
			Remove
			_
			Add Remove
			Kemove
			∏Add
	- -		Remove
			_
	_		Add
			Remove
D. If a	mending any other information, ent	er change(s) here: (Attach additional sheets, if necessary.)	
	New address for all MGRs:		
	100 SE 2nd Street, 32nd Floo	or	
	Miami, FL 33131		
			
Dated _	August 12	, <u>2014</u> .	
		Numan Lamora	
	Signature of	a member of authorized representative of a member	
		Carmen Fanego Typed or printed name of signee	<u></u>
		- 2 ham or himmen manie or piPuee	

Page 2 of 2

Filing Fee: \$25.00