12-000093180

(Re	equestor's Name)	
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(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	siness Entity Nar	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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2014 SEP 12 M 1: 23
SECRETARY OF STATE
FAULAHASSEE FLORID

SEP 17 2014

COVER LETTER

Division of C	Corporations				
SUBJECT:					
	Name of Lim	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corre	spondence concerning this matte	r to the following:			
		Carmen Fanego			
	Name of Person				
		TotalBank			
		Firm/Company			
	100 SE 2nd Street, 32nd Floor				
		Address			
		Miami, FL 33131			
		City/State and Zip Code			
	E mail address:	anego@totalbank.com (to be used for future annual report notificat	ion)	5, ≥	
For further information	on concerning this matter, please	•	ion)	2014 SEP 12 SEGRETARY	*****
	Carmen Fanego	at (_305 _{.)} 47	6-6269	12 12 13 18	Ç.
Nan	ne of Person	Area Code & Daytime To	elephone Number		
Enclosed is a check for	or the following amount:			NATE LIGHTON	-
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate of Certified Conditional	of Status &)
	ALLING ADDRESS:	STREET/COURIER Registration Section			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

8000 W 24						
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)				
The Articles of Organization for this Limited Liability Company	were filed on	07/18/2012	and assigned			
Florida document number L12000093180 .						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	oility company he	re:				
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Comp	any," the designation "LL	.C" or the abbreviation			
Enter new principal offices address, if applicable:	100 SE 2nd	Street, 32nd Floor	٠			
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 3					
•			Ag. 23			
Enter new mailing address, if applicable:	100 SE 2nd	Street, 32nd Floor	CRETA			
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 3		**************************************			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter th</u>	e name of the new			
Name of New Registered Agent:			 			
New Registered Office Address: 100 SE 2nd						
	Enter Florida street address					
	Miami	, Florida	33131			
New Registered Agent's Signature if changing Registered Agent	City ·		Zip Code			

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 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 **Address Type of Action** Title Name ☐ Add Remove Add Remove Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.): New address for all MGRs: 100 SE 2nd Street, 32nd Floor Miami, FL 33131 August 12 2014 Dated _ a member or authorized representative of a member Carmen Fanego Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00