

Oct. 10 2013 10:39AM  
Division of Corporations

L13000088689

No. 0140

P. 1  
Page 1 of 2

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H13000224821 3)))



H130002248213ABCK

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : THE SCHIFFMAN LAW GROUP, P.A.  
Account Number : I20000000100  
Phone : (305) 682-1328  
Fax Number : (305) 682-0063

RECEIVED

OCT -9 AM 10:00

FLORIDA  
TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: adam@realatty.net

TALLAHASSEE, FLORIDA

2013 OCT 9 AM 4:30

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MB REL PROPERTY TBM, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03

B. BOSTICK

OCT 10 2013

EVAN MCK

Estimated Charge	\$25.00
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TALLAHASSEE, FLORIDA

Oct. 9, 2013 10:40AM

No. 0140 P. 3

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MB REL Property TBM LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adam Schiffman  
Name of Person  
The Schiffman Law Group, P.A.  
Firm/Company  
2875 NE 191 Street Suite 404  
Address  
Aventura, FL 33180  
City/State and Zip Code  
adam@realatly.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Schiffman at (305) 682-1328  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

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

STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

TALLAHASSEE, FL 32301

2013 OCT -9 AM 4:30

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

MB REL Property TBM, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/19/13 and assigned  
Florida document number L13000088689

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2875 NE 191 street suite 404  
Aventura, FL 33180

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2875 NE 191 street suite 404  
Aventura, FL 33180

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

ADAM R. SCHIFFMAN, ESQUIRE

New Registered Office Address:

2875 N.E. 191 Street, Suite 404

Enter Florida street address

Aventura

Florida

33180

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

Oct. 9, 2013 10:40AM

No. 0140 P. 5

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Fabricio Tahan</u>	<u>2199 Ponce de Leon Blvd.</u>	<input type="checkbox"/> Add
		<u>suite #301.</u>	<input checked="" type="checkbox"/> Remove
		<u>Coral Gables, FL 33134</u>	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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No. 0140 P. 6

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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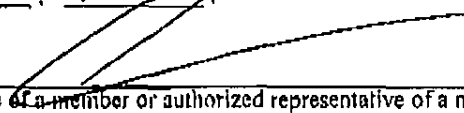
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Dated September 30th 2013



  
Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

ALLIANCE, FLORIDA

2013 OCT -9 AM 4:30