8/9/13

Office of Argentions 9 9 9 9 5 Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TOTAL PROPERTY INVESTMENT LLC

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H13000177672 3 ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

TOTAL PROPERTY INVESTMENT 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 Con	npany were filed on <u>07/11/2013</u>	and assigned
Florida document number L13000098195		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the des	ignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		¹ , θ _ω →
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>	EG &
		Ett. Q "seemen
		Sylve of Break
Enter new mailing address, if applicable:	**************************************	mg a in
(Mailing address MAY BE A POST OFFICE BOX)		50 0
		RIE
		Þ
B. If amending the registered agent and/or register registered agent and/or the new registered office address		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
<u> </u>	, F	lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	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

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MGR = Manager

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:

MGRM = Managing Member Title Address Type of Action Name 117 NE 51ST CT **MGRM** LEITE, MABEL REGINA F. Add POMPANO BEACH, FL 33064 Remove 117 NE 51ST CT **MGRM** LEITE, GABRIEL F. POMPANO BEACH, FL 33064 Remove 117 NE 51ST CT **MGRM** FURTADO, MARIA REGINA B. POMPANO BEACH, FL 33064 Remove -12 -12 Remove

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Remove

) If a	H13000177672 3
. It ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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_	
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i ated JU	JLY 31ST 2013
a.cu	Villeite
	Signature of a member or authorized representative of a member MABEL REGINA F. LEITE
	Typed or printed name of signee
	Page 3 of 3

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SECKETARY OF STATE
JALLAHASSEE, FLORIDA