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(Re	questor's Name)	
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COVER LETTER

TO:

TO:	Registration So Division of Co			
SUBJECT:260 WE		260 WES	TWARD DR LLC	
0000		Name of Limi	ted Liability Company	_
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			Carmen Fanego Name of Person	
TotalBank				
			Firm/Company	
100 SE 2nd S		100 \$	SE 2nd Street, 32nd Floor	3 2 <u>0</u>
			Address	- 50 5 TI
			Miami, FL 33131	
			City/State and Zip Code	— 350 7 P
		cfa	anego@totalbank.com to be used for future annual report notification)	70
For fur	ther information of	E-mail address: (concerning this matter, please of		2014 SEP 12 PM 2: 00 SECRETARY OF STATE FALL ANASSEF. FLORID
		, remaining the second of the		
		rmen Fanego	at (_305_) 476-6269	
	Name (of Person	Area Code & Daytime Telephone Nur	nber
Enclos	ed is a check for t	he following amount:		
\$25	i.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Certification (additional copy is enclosed) Certification	Filing Fee, ficate of Status & fied Copy tional copy is enclosed)
	Regist Divisi P.O. B	LING ADDRESS: ration Section on of Corporations tox 6327 assee, FL 32314	STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	S:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Li</u> (A Fl		ny as it now appears or Liability Company)	n our records.		
The Articles of Organization for this Limited Liabi Florida document numberL1400002761		were filed on	02/18/2014	and assig	ned
This amendment is submitted to amend the following	ing:				
A. If amending name, <u>enter the new name of th</u>	e limited liab	oility company here:		2014 SE GAI	8. Spekupá n., Y 1
The new name must be distinguishable and end with the "L.L.C."	he words "Limi	ited Liability Company,	" the designation "I	or the abl	* ****** * *
Enter new principal offices address, if applicabl	le:	100 SE 2nd Stre	et, 32nd Floor		- [[] ·
(Principal office address MUST BE A STREET A	ADDRESS)	Miami, FL 3313	1	2: 00 STATE LORION	An.
Enter new mailing address, if applicable:		100 SE 2nd Stre	et, 32nd Floor	,	
(Mailing address MAY BE A POST OFFICE BOX)		Miami, FL 3313	1		
B. If amending the registered agent and/or registered agent and/or the new registered office. Name of New Registered Agent: New Registered Office Address:	e address her			the name of	the nev
New Registered Office Address.	Enter Florida street address				
_		Miami	, Florida	33131	
-		City		Zip Code	
Manus Diversity of A. At City of the A. A. City	• • • • •				

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 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.

f Changing Registered Agent, Signature of New Registered Agen

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	I = Managing Member			
<u>Title</u>	<u>Name</u>	Address	Type of Act	<u>tion</u>
	 		Add Remove	
			- - 	
			Remove Remove	mearus mearus
			Add Remove	
			Add Remove	
			_	
			□Add □Remove 	
			Add Remove	
D. If an	nending 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> .		
		men Famego		
	Signature of	a member or authorized reafesentative of a member Carmen Fanego		
		Typed or printed name of signee		

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Filing Fee: \$25.00