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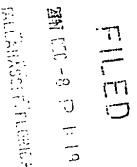
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COVER LETTER

TO:	Registration Section
	Division of Corporations

UBJECT:	TMS ALTIS 901 LLC					
	Name of Limited Liability Company					
ne enclosed Ar	ticles of Amendment and fee(s) are submitted for filing.					
ease return all	correspondence concerning this matter to the following:					
	REJEAN LAPIERRE					
	Name of Person					
	LAPIERRE, BRAULT & ASSOCIATES					
Firm/Company						
	5100 NW 33RD AVE., SUITE 247					
	Address					
	FORT LAUDERDALE, FL 33309	52				
	City/State and Zip Code					
	fguerra@altisllc.com	颖				
	E-mail address: (to be used for future annual report notification)					
or further infor	mation concerning this matter, please call:					
RANK GUERI	RA 786 539-4949	<u>5</u>				
	Name of Person Area Code Daytime Telephone No	umber				

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

□ \$25.00 Filing Fee

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

STREET/COURIER ADDRESS:

■ \$60.00 Filing Fee.

Certificate of Status & Certified Copy

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TMS ALTIS 901 LLC

company has been notified in writing of this change.

(Name of the Limited Linkline C	·		
(<u>Name of the Limited Liability C</u> (A Florida Lin	nited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Com	pany were filed on Apr	ril 2, 2014	_ and assigned
Florida document number L14000053956			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here	<u>:</u> :	
TGTA ALTIS 901 LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," the desi	ignation "LLC" or the abbre-	viation "L.L.C."
Enter new principal offices address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>		
		<u>:</u> -	7
		<u> X</u>	17
Enter new mailing address, if applicable:	N/A	: : : : : : : : : : : : : : : : : : :	() () () () () () () () () ()
(Mailing address MAY BE A POST OFFICE BOX)		The second second	<u> </u>
Andreas MAT BE A TOST OF THE BOX			
			
B. If amending the registered agent and/or registered	nd office address on c	: our records ontor the	
registered agent and/or the new registered office address		our records, enter the	name of the n
			
Name of New Registered Agent: N/A			
Non-Berimon LOCK All			
New Registered Office Address:	Enter Floride	ı street address	<u></u> -
	Citr	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Ag	•	·	sip cour
I hereby accept the appointment as registered agent and			
provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent			
being filed to merely reflect a change in the registered of			

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
		N/A	
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Page 3 of 3

Filing Fee: \$25.00