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## **ČOVER LETTER**

TO: Registration Division of C	i Section Corporations		•		
SUBJECT:	4520 SW	68TH COURT LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.			
Please return ail corre	spondence concerning this matter	to the following:			
		Carmen Fanego			
		Name of Person			
		TotalBank		F. 28	
		Firm/Company		805 <b>30 1</b> 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	***
	100 \$	SE 2nd Street, 32nd Floor		2014 952 12 SECRETAR FALLAHASS	
		Address		(ii)	! <b> </b>
		Miami, FL 33131	ç	71, Ti	
		City/State and Zip Code		STATE CORDI	
	cfa	anego@totalbank.com		<u> </u>	
Par familiar in familiar		to be used for future annual report notifica	tion)		
For further informatio	on concerning this matter, please of	call:			
	Carmen Fanego	at (	76-6269		
Nam	ne of Person	Area Code & Daytime T	'elephone Number		
Enclosed is a check for	or the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	
	ILING ADDRESS:	STREET/COURIE	R ADDRESS:		

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4520 ( <u>Name of the Limited Lia</u> (A Flo		ny as it now appear liability Company)			
The Articles of Organization for this Limited Liabil Florida document number	lity Company			and assigned	l
This amendment is submitted to amend the following.  A. If amending name, enter the new name of the	Ü	ility company her	<u>.</u>	2014 SEP 1	ecaya B exercis garres
The new name must be distinguishable and end with th "L.L.C."	e words "Limi	ted Liability Compa	nny," the designation "L	LC" or the abbrev	/iation
Enter new principal offices address, if applicable	e <b>:</b>	100 SE 2nd 8	Street, 32nd Floor	22 <b>.</b>	
(Principal office address MUST BE A STREET A	DDRESS)	Miami, FL 33	3131	**	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO.)	<u>x)</u>	100 SE 2nd S	Street, 32nd Floor		
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:	address here	e: Street, 32nd F		ress	: new
_		Miami City	, Florida	33131	<del></del>
N		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 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 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

<u> Fitle</u>	<u>Name</u>	Address	Type of Acti	<u>on</u>
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	ding any other information, enter cha ew address for all MGRs:	ange(s) here: (Attach additional sheets, if necessary.)		
	00 SE 2nd Street, 32nd Floor		<del>-</del>	
<u>M</u>	iami, FL 33131		_	
			<del>-</del> -	
Pated	August 12 ,	2014		
	Signature of a men	noter or authorized representative of a member		
	<u> </u>	Carmen Fanego		

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Filing Fee: \$25.00