

L14000148416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900267133639

12/08/14--01016--016 \*\*25.00

CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

2014 DEC -8 PM 2:00

FILED

DEC 12 2014  
J. BRUCE



November 28, 2014

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

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

**RE: TotalBank Loan to Best Apartments Florida, LLC**  
**Loan No. 154-033-90-60**

Dear Sir or Madam:

Enclosed please find Articles of Amendment together with our TotalBank Cashier's  
Check No. 260101999 in the amount of \$25.00 for the filing fees.

Please return the acknowledgment copy to my attention at your earliest convenience.

Very truly yours,

Tania Suarez  
Loan Closing Department

Enclosure

FILED  
2014 DEC 8 PM 2:00  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SAJ Administration & Services, 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:

Sergio Coppola  
Name of Person

\_\_\_\_\_  
Firm/Company

13499 Biscayne Blvd, TS3  
Address

North Miami, FL 33181  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sergio Coppola at (\_\_\_\_\_) \_\_\_\_\_  
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

CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

2014 DEC - 8 PM 2:00

FILED

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SAJ Administration & Services, 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 09/23/14 and assigned  
Florida document number 44000148416.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

*Enter Florida street address*

*City*

*Florida*

*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 Agent**

FILED  
2014 DEC -8 PM 2:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>AP</u>	<u>SERGIO COLLOP.</u>		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
<u>AMBR</u>	<u>Sergio Collob.</u>		<input checked="" 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

2014 DEC 8 PM 2:00  
 SECRETARY OF STATE  
 TREASURY  
 1000 ALFARERO ST  
 TAMPA FLORIDA 33604

FILED

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

---

---

---

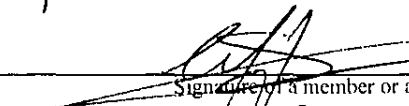
---

---

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 11/26/14

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Sergio Coppola  
\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

**FILED**  
2014 DEC -8 PM 2:00  
CLERK OF STATE  
TALLAHASSEE FLORIDA