L17000083873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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17 JUN -5 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PERLAND TITLE &
ESCROW SERVICES CORP

May 31, 2017

Florida Department of State
Division of Corporations
Section Name
P.O. BOX 6327
Tallahassee, FL 32314

Re:	Buyer:	Trillalaora LLC, a Florida limited liability company
	Seller:	Maple Capital Investments LLC
	Property:	900 Biscayne Blvd., #6101 Miami, FL 33132
	File:	9800-193

Dear Sir/Madam:

Enclosed please find check No. 11720 in the amount of $25.00, representing a filing fee fee.

If you have any questions, please do not hesitate to contact our office.

Sincerely,
Perland Title & Escrow Services Corp.

By: Cgalvis
Post Closing Department

9100 S. Dadeland Boulevard, Suite 514, Miami, Florida 33156
Phone: 305.846.7880 E-fax: 305.846.7881
Email: admin3@PerlandTitle.com

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: TRILLALAORA 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:

Alfredo Cabral
Name of Person

Cabral Accountants & Associates
Firm/Company

31 SE 5th Street, Suite 312
Address

Miami, FL 33131
City/State and Zip Code

ac.cpa@live.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alfredo Cabral at (305) 926-5724
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the following amount:

- ■ $25.00 Filing Fee
- ☐ $30.00 Filing Fee & Certificate of Status
- ☐ $55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- ☐ $60.00 Filing Fee, Certificate of Status & Certified Copy (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

US

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

TRILLALAORA 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 4/13/17 and assigned Florida document number L17000083873.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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

, **Florida**
City *Zip Code*

17 JUN -5 AM 7:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	CHRISTIAN P. ELTE RUBIO	900 BISCAYNE BLVD	☐ Add
		SUITE 3501	■ Remove
		MIAMI, FL 33132	☐ Change
MGR	CHRISTIAN P. ELTE RUBIO	900 BISCAYNE BLVD	■ Add
		SUITE 3501	☐ Remove
		MIAMI, FL 33132	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

N/A

17 JUN -5 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated May 25th, 2017

Signature of a member or authorized representative of a member

CHRISTIAN P. ELTE RUBIO

Typed or printed name of signee

Filing Fee: $25.00