

#M14000007016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

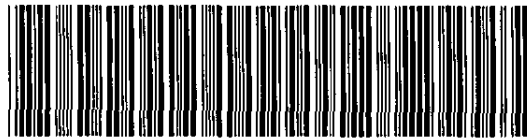
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
14 OCT -6 PM 4:27
DIVISION OF CORPORATIONS

FILED
2014 OCT -6 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

OCT -7 2014



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 326506 7468676

AUTHORIZATION :

COST LIMIT : \$25.00

[Signature]

ORDER DATE : October 6, 2014

ORDER TIME : 2:19 PM

ORDER NO. : 326506-005

CUSTOMER NO: 7468676

DOMESTIC AMENDMENT FILING

NAME: 201 NORTH FRANKLIN TAMPA, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT

 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

XX PLAIN STAMPED COPY

 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 201 North Franklin Tampa, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rondi C. Needler, Authorized Person

Name of Person

Barack Ferrazzano

Firm/Company

200 West Madison #3900

Address

Chicago, IL 60606

City/State and Zip Code

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

For further information concerning this matter, please call:

Rondi Needler

Name of Person

at

(312)

Area Code

629-7333

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

FILED
2014 OCT -6 AM 10:19
CLERK OF STATE
TALLAHASSEE, FLORIDA

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: 201 North Franklin Tampa, LLC

SECOND: The Florida Document number of the limited liability company is: M14000007016

THIRD: Document to be corrected is:
Application by Foreign LLC for Authorization to Transact Business in FL

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

#7 contains incorrect member information. Terra Funding-Tampa Bay, LLC

is incorrect and should be replaced with 201 North Franklin Tampa Holdings,

LLC. The address in #7 is correct (841 Bishop Street, Suite 1700,

Honolulu, Hawaii 96813)

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

- ☐ The electronic transmission of the record was defective.

Audi C. Needler
Signature of Authorized Representative

10-6-14
Date

**Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)**