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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2024 JUL 11 PM 5:25

of 7/22/2024

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Downtown Doral Office 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:

Oscar Gastaud  
Name of Person

Downtonw Doral Office LLC  
Firm/Company

7950 NW 53 St Ste 118  
Address

Miami Fl 33166  
City/State and Zip Code

oscar@gastaud.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Oscar Gastaud at ( 786 ) 515-8229  
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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Downtown Doral Office, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2024 JUN 11 PM 5:25

The Articles of Organization for this Limited Liability Company were filed on 03/18/2014 and assigned Florida document number L14000045117.

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)**

7950 NW 53 ST Ste 118  
Miami FL 33166

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

7950 NW 53 ST Ste 118  
Miami FL 33166

**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:**

Oscar Gastardo, PA

**New Registered Office Address:**

7950 NW 53 ST Ste 118

Enter Florida street address

Miami, Florida 33166  
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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Oscar Gastardo	7950 nw 53 st #118	<input checked="" type="checkbox"/> Add
	as trustee of The Oscar Gastardo Inst dated 01/21/2000	Miami FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

