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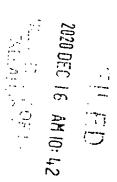
(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

TO: Registration S Division of Co			
RUSVEC SUBJECT:	AT DORAL, LLC		
3000ECT.	Name of Lis	mited Liability Company	·
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	Daniel Russo		
		Name of Person	
	Rusvec at Doral, LLC		
	-	Firm/Company	······································
	8514 NW 109th Court		
		Address	
	Miami, FL 33178		
		City/State and Zip Code	<del></del>
	darussove@yahoo.com		
For further information	E-mail address:	to be used for future annual report not all:	ification)
Daniel Russo		786 6422317	
Name	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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 Addres		Street Address: Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632 Tallahassee,		The Centre of T	Fallahassee e Street, Suite 810
		Tallahassee, FL	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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I.,I.,C."
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- 11. 

## 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 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>	Name	<u>Address</u>	Type of Action
AMBR	Gaetana Vecchio de Russo		□ ∧dd
		11010 NW30th St. S104. CCS82969 Miami, FL 3	
			□ Change
AMBR	Franco Russo	79 SW 12th Street. Apt 2805. Miami, FL 33130	🗟 Add
			□Remove
			□Change
AMBR	Sarino Russo	8458 NW 109th Court. Miami, FL 33178	<b>=</b> Add
			□Remove
			□Change
AMBR	Daniel Russo		□Add
			□Remove
		8514 NW 109th Court. Miami, FL 33178	\ \ Change
			□Add
			□ Remove
			□Change
		<del></del>	□Add
			□Remove
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Note: If the date in	other than the date isted, the date must be s iscreed in this block d we date on the Depart	loes not meet th	e applicable s	e of filing or more statutory filing	than 90 days a	otional) fter filing.) Pursi this date will r	uant to 605.0207 (3 not be listed as th
ne record specifies a ord is filed.	delayed effective date	e, but not an eff	ective time, a	t 12:01 a.m. on	the earlier of:	(b) The 90th	n day after the
Dated	Oth	, 202	0				
		1					
	Janil	ature of a member	<u>,</u>		<del> , –</del>		