## 10400075726

(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

G. MCLEGD

SEP 10 2008

EXAMINER



200134067882

09/09/08--01002--001 \*\*75.00

08 SEP -9 PM 2: 28

SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Registration Section Division of Corpo								
SUBJECT: DORAL WEST COMMERCE PARK, 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:								
	Arnold L. Lieberman, Esc	·						
	•	(Name of Person)						
		(Firm/Company)						
	1760 SW 68th Avenue							
•		(Address)						
	Plantation, Florida 33317							
		(City/State and Zip Code)	<del></del>					
For further information concerning this matter, please call:								
Arnold L. Lieberman		at ( 954 <sub>)</sub> 792-5244						
(Name of	(Name of Person) (Area Code & Daytime Telephone Number)							
		•						
Enclosed is a check for the	following amount:							
<b>☑</b> \$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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DORAL WEST COMMERCE PA					
(Name of the Limite	d Liability Compa A Florida Limited L	ny as it now appears on our Liability Company)	records.)		
The Articles of Organization for this Limited Liability Company were filed on 10/19/2004					ssigned
Florida document number <u>L04000075726</u>	·				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liab	ility company here:			
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ited Liability Company," the o	lesignation "LLC'	' or th	e abbreviatio
Enter new principal offices address, if applicable:		14345 Commerce Way			<b>O</b>
(Principal office address MUST BE A STRE	ET ADDRESS)	Miami Lakes, Florida 33	016	80	VIS
				SEP	io R R
				-9	SA SA SA SA SA SA SA SA SA SA SA SA SA S
Enter new mailing address, if applicable:	14345 Commerce Way		70		
(Mailing address MAY BE A POST OFFICE	Miami Lakes, Florida 33	016	2	<u> </u>	
				28	
					Z
B. If amending the registered agent and registered agent and/or the new registered or			rds, enter the	<u>name</u>	of the ne
Name of New Registered Agent:	Mahmood Ral	hmanparast			
	14345 Comm	erce Way			
New Registered Office Address:	14343 0011111	<del></del>	ida street addres	s)	
	Miami Lakes		, Florida <u>33016</u>		
		(City)		Zip C	ode)
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 608, F.B. 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.

Af Changing Registered Agent, Signature of New Registered Agent)

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	JORGE RAMOS	14024 NW 82 AVENUE Miami Lakes, Florida 33106	n Add Remove
			Add Remove
	·		Add Remove
<u> </u>			Add Remove
<u> </u>			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	<del></del>
<del></del>			_
		1	<del>-</del> -
Dated Septem	11 Vahubrus David	or authorized representative of a member	
-	Mahmood Rahmanparasi	t	
	Typed o	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00