

Division of Corporations

Florida Department of State
Division of Corporations
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L07000070760

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DIVISION OF CORPORATIONS
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC
Account Number : I20060000012
Phone : (305)826-5886
Fax Number : (305)722-0535

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DORAL GOLF INVESTMENT, LLC

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RECEIVED
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
18 JUN -5 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DORAL GOLF INVESTMENT, 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 07/09/2007 and assigned
Florida document number L07000070760.

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: MARTIN ACCOUNTING & TAX SERVICE, INC

New Registered Office Address: 7678 NW 186 STREET
Enter Florida street address

MIAMI, Florida 33015
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.

[Signature]
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	VIZCARRONDO, LEOPOLDO	AVE PPAL DE LA TAHONA	<input type="checkbox"/> Add
		RES. CASA DE CAMPO 8131	<input type="checkbox"/> Remove
		CARACAS, VENEZUELA	<input checked="" type="checkbox"/> Change
AMBR	VIZCARRONDO, JORGE R	AVE PPAL DE LA TAHONA	<input type="checkbox"/> Add
		RES. CASA DE CAMPO 8131	<input type="checkbox"/> Remove
		CARACAS, VENEZUELA,	<input checked="" type="checkbox"/> Change
AMBR	VIZCARRONDO, ANDRES	AVE PPAL DE LA TAHONA	<input type="checkbox"/> Add
		RES. CASA DE CAMPO 8131	<input type="checkbox"/> Remove
		CARACAS, VENEZUELA	<input checked="" type="checkbox"/> Change
AMBR	VIZCARRONDO, GISELLE	AVE PPAL DE LA TAHONA	<input type="checkbox"/> Add
		RES. CASA DE CAMPO 8131	<input type="checkbox"/> Remove
		CARACAS, VENEZUELA	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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