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To:

Division of Corporations

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: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

; (850)222-1092

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **DORAL SUNSHINE 104 LLC**

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J. BRYAN

MAR 2 9 2009

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Doral Su	nshine 104 LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	ornitted for flling.	
Please return all corresp	ondence concerning this matter	to the following:	
		George Befeler, Esq.	
		Name of Parson	35 6
		HomerBonner	
		Firm/Company	26 L
	1441 Fou	r Seasons Tower, Suite 1200	HAR 26 AM 8: 30 CRETARSEE, FLOATE
		Address	FFS
		Miami, FL 33131	85 3
		City/State and Zip Code	<u>a</u> m
	gbef	eler@homerbonner.com	w
	E-mail address: (to be used for inture annual report notifica	tion)
For further information	concerning this matter, please of	all:	•
Geor	ge Befeler, Esq.	at (305) 3	50-5100
Name	of Person	Area Code & Dayting 1	Colephone Number
Enclosed is a check for	the following amount:	•	
[7] \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fec, 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

David Cumb	: 40411 <i>5</i>	•	安然 第一
Doral Sunsh (Name of the Limited Liability Compa	ny os it now ann	ears on our records)	- Fig. 25
(A Florida Limited)	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	October 18, 2007	and assigned of
Florida document number L07000105706			
Printiga document manager			誓。
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lish	ility company h	cre:	
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Com	pany," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:	1441 Four 8	Seasons Tower	·- <u>-</u> -
(Principal office address MUST BE A STREET ADDRESS)	Suite 1200		
,	Miami, FL 3	3131	····
Enter new mailing address, if applicable:	1441 Four 8	Seasons Tower	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 1200		
,	Miami, FL 3	3131	
B. If smending the registered agent and/or registered of registered agent and/or the new registered office address her	<u>:e</u> ;	our records, <u>enter t</u>	he name of the naw
Name of New Registered Agent: George Bef	eler, Esq.		
New Registered Office Address: 1441 Four S	Seasons Towe	er, Suite 1200	
	1	Enter Florida street add	ress
<u></u>	Miami	, Florida	33131
	City		Zip Cade
New Registered Agent's Signature, if changing Registered Agent	•		
I hereby accept the appointment as registered agent and agr the provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	lete performant provided for in	e of my duties, and I o Chapter 608, F.S. Or,	m familiar with and if this document is

Page 1 of 2

If Changing Ragistered Agent, Signature of New Ragistered 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

Title	<u>Name</u>	Address	Type of Action
MGRM	Francisco Lamadrid	6420 SW 147th Terrace Coral Gables, Ft. 33158	☐ Add ☑ Remove
<u>MGRM</u>	Alfredo Trisini	1441 Four Seasons Tower Suite 1200 Miami, FL 33131	Add Remove
MGRM	Victoria Gimenez	1441 Four Seasons Tower Suite 1200 Miami, FL 33131	Add Ramove
			Add Romove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter cl	hange(s) berc: (Attach additional sheets, if necessary.)	
			10 MAR 26 AM B: (SECRETARY OF STA- TALLAHASSEE, FLOR
Dated	March 26,	2010	AM 8: 30 OF STATE OF LORIDA
	-	imber or authorized representative of a member	
	Alfred	o Trisini, Managing Member yped or printed name of signee	
	.	There is himmen menner Albusa	

Page 2 of 2

Filing Fee: \$25.00