L070006883

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
•	Office Use Onl	v



200263655592

08/27/14--01008--030 **35.0

14 AUG 27 PN 1:50

G/B 10/2/14



TO:

Registration Section
Division of Corporations

SUBJECT:

Diamante Azul Miami 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:

Alexander Reus	
Name of Person	
Diamante Azul Miami LLC	
Firm/Company	
340 West Flagler Street, Suite 201	
Address	
Miami, FL 33130	
City/State and Zip Code	
doliveira@drrt.com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Alexander Reus	786, 235-5000		
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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 12, 2014

Stewart Mirmelli 340 West Flagler Street, Suite 209 Miami, FL 33130

SUBJECT: DIAMANTE AZUL MIAMI LLC

Ref. Number: L08000068830

We have received your document for DIAMANTE AZUL MIAMI LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation Amendment, but your entity is a LLC Amendment. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Elliott R McCaskill Registration Specialist II

14 HOG Z / TO

Letter Number: 514A00019634

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Diamante Azul Miami LLC				
(Name of the Limited	d Liability Compa A Florida Limited I	ny as it now appears on our rec liability Company)	cords.)	
The Articles of Organization for this Limited Lia Florida document number L08000068830		were filed on August 22	, 2014 and assign	ec
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and end with the w	ords "Limited Liab	ility Company," the designation	"LLC" or the abbreviation "L.L.	3.
Enter new principal offices address, if applica	ble:	340 West Flagler St	reet	
(Principal office address MUST BE A STREET		Suite 201	23. 7	
<u></u>		Miami, FL 33130		_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	9 <u>0X)</u>	340 West Flagler St Suite 201 Miami, FL 33130	2	
B. If amending the registered agent and/o registered agent and/or the new registered off	ice address her		W. 4	<u>tł</u>
New Registered Office Address:	340 West F	lagler Street, Suite 20	9	
		Enter Florida street ad	ldress	
	Miami		, Florida <u>33130</u>	
		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 we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Mana Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member Type of Act Address Title <u>Name</u> 340 West Flagler Street ■ Add Reus, Alexander **MGR** Suite 201 □ Remove Miami, FL 33130 □ Add ☐ Remove ☐ Add □ Remove _□ Add ☐ Remove □ Add _□ Remove

. If amending any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)
The effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	e of receipt or filed date and cannot be more than 90 days after of State)
Dated August 22nd	2014
Alexander Reus, Man	nember or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

14 AUG 27 PM 1:5%