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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : G. FRANK QUESADA, ESQ
Account Number : I20050000158
Phone : (305) 446-2517
Fax Number : (305) 446-7521

****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 MARA 8721, LLC**

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D. BRUCE

OCT 5 2010

EXAMINER

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Doral Mara 8721, 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:

G. Frank Quesada, Esquire

Name of Person

Law Offices of G. Frank Quesada

Firm/Company

1313 Ponce de Leon Boulevard, Suite 200

Address

Coral Gables, Florida 33134

City/State and Zip Code

GFR@QUESADALAW.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

G. Frank Quesada, Esquire

Name of Person

at (305)

446-2517

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

FILED
10 OCT -4 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Doral Mara 8721, 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 06/26/2009 and assigned
Florida document number L09000062444.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Barfur Holdings, LLC

The new name must be distinguishable and end with 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)

6901 SW 24 Street

Miami, Florida 33155

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6901 SW 24 Street

Miami, Florida 33155

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:

G. Frank Quesada, Esquire

New Registered Office Address:

1313 Ponce de Leon Boulevard, Suite 200

Enter Florida street address

Coral Gables

Florida

33134

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 608, 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.

G. Frank Quesada
If 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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Patricia Barboza	2672 Bellewater Place Oviedo, Florida 32765	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Carlos A. Barboza	60 SW 13 Street, Apt. 5014 Miami, Florida 33130	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Eudio Omar Baborza Fern		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Xiomara C Furzan de Barbo		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Carlos Augusto Barboza Fu		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated

Oct 4th, 2010

Signature of a member or authorized representative of a member

CARLOS A. BARBOZA

Typed or printed name of signee