

L10000013009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

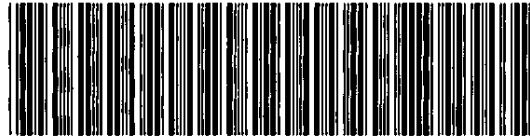
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
HALL COUNTY CLERK'S OFFICE

J. Stivers OCT 16 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **DALERENT, 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:

ALVARO CASTILLO

Name of Person

CASTILLO & ASSOCIATES

Firm/Company

1390 BRICKELL AVENUE, SUITE 200

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

alvaro@alvarocastillo.com

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

For further information concerning this matter, please call:

Alvaro Castillo

Name of Person

305 371-5540

at ()

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

13 OCT 15 AM 11:04
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

DALERENT, 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 02/04/2010 and assigned
Florida document number L10000013009.

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 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)

1390 Brickell Avenue

Suite 200

Miami, Florida 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1390 Brickell Avenue

Suite 200

Miami, Florida 33131

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:

Alvaro Castillo B., P.A.

New Registered Office Address:

1390 Brickell Avenue, Suite 200

Enter Florida street address

Miami

City

, Florida 33131

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.

Alvaro Castillo B.
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>
MGR	Angel De Carlo	2340 Northeast 192nd Street	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		Aventura, Florida 33180	
MGR	Carlos Aguirre	1390 Brickell Avenue	<input checked="" type="checkbox"/> Add
		Suite 200	<input type="checkbox"/> Remove
		Miami, Florida 33131	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input 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.)

Dated **October 3**

2013

Signature of a member or authorized representative of a member

Angel De Carlo

Typed or printed name of signee

Page 3 of 3

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TALLAHASSEE, FLORIDA