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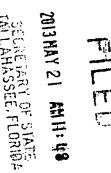
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COVER LETTER

TO: Registration Se Division of Con	ection rporations				
SUBJECT:	Name of Limit	STATE ILC ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	<u>Chri</u>	Stopher T Curcio			
		Firm/Company			
	70	012 NW 114th CT Address	TALLAHAS	2013 MAY 21	Ţ
		ORAL FL. 33178 City/State and Zip Code	SEC.	۸.	
	Chair address (O QUAITE COM o be used for future annual report notificati	E.FLORIO		أدميهم
For further information of	concerning this matter, please co	·	(OII)	•	
Christo Name o	other Curcio	at (786) 553 - 944 Area Code & Daytime Te	L elephone Number		
Enclosed is a check for the	he 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 For Certificate of Certified Cope (additional co	Status &	

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

Doral R	Eal Estate	llc			
(<u>Name of the Limited Liabilit</u> (A Florida	v Company as it now a Limited Liability Comp	opears on our records.)			
The Articles of Organization for this Limited Liability of Florida document number	Company were filed or	C5/01/2010	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability compan	<u>v here</u> :	201		
MIAMI ON	L REAL ES	tate Group 1			
The new name must be distinguishable and end with the would be used to be use	ords "Limited Liability C	Company," the designation '	LLG or the abbreviation		
Enter new principal offices address, if applicable:		SAMC	me a Fi		
(Principal office address MUST BE A STREET ADD	RESS)	`			
	 		6 6		
Enter new mailing address, if applicable:	<u>.</u>	SAME			
(Mailing address MAY BE A POST OFFICE BOX)	- · · · · · · · · · · · · · · · · · · ·				
·					
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address dress here:	on our records, enter	the name of the new		
		SAME			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
· 	Class.	, Florida	P91 27 1		
	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.

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> Type of Action Remove Remove Remove Remove Add Remove

D. If amending an	ny other information, enter chauge(s) here: (Attach additional sheets, if necessar)	2.)	
		Literatura.	
- · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
Dated	Cheutostra I. Curas	2013 HAY 21 SECTIVE INF	T
	Signature of a member of authorized representative of a member Christopher J Curcio	OF STATE	m
	Typed or printed name of signee Page 3 of 3	DRIED L	

Filing Fee: \$25.00