Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document,

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number: 120000000205

Phone Fax Number : (305)416-6800 : (305)416-6811

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

${\tt Rmail}$	Address:			

**DEC 28** 

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DORAL APARTMENTS USA. LLC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

D. BRUCE DEC 31 2012

EXAMINER

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## COVER LETTER

TO:

Registration Section
Division of Corporations

SUBTRCT

Doral Apartments USA, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

3054166811

Please return all correspondence concerning this matter to the following:

Diane M. Hernandez

Name of Person

Adams Gallinar, P.A.

Firm/Company

1000 Brickell Avenue, Suite 300

Address

Miami, Florida 33131

City/State and Zip Code

dhernandez@agilaw.com

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

For further information concerning this matter, please call:

Diane M. Hernandez

,,305,41**6-6800** 

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 Tailahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 3054166011

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Doral Apartments USA, LLC (Name of the Limited Li	ability Compa	ny as it now appears on our Liability Company)	records,)	—		
The Articles of Organization for this Limited Liab Florida document number <u>L10000050090</u>				_ and as	signed	
This amendment is submitted to amend the follow	ing:					
A. If amending name, enter the new name of th	e limited liab	oility company here:	•	SE	201:	
The new name must be distinguishable and end with the "L.L.C."	he words "Limi	ited Liability Company," the c	designation "LLC	<b>E</b>	abbrev	iation
Enter new principal offices address, if applicab	2780 NE 183rd Ros	ıd	AR) ASS	28	1400	
(Principal office address MUST BE A STREET ADDRESS)		Apt. 1407		, O,	P	
		Aventura, FL 33160		TORI V S	- <u>12</u> -	
Enter new mailing address, if applicable:		1000 Brickell Avenu		ATE	: 22	
(Mailing address MAY BE A POST OFFICE BOX)		Suite 300 Miami, FL 33131				
B. If amending the registered agent and/or registered agent and/or the new registered office		ffice address on our reco	ords, <u>enter the</u>	name	of the	new
Name of New Registered Agent:	New Registered Agent: AGI Registered Agents, Inc.			<del></del>		
New Registered Office Address:	1000 Brick	ell Avenue, Suite 300	_			
*		Enter Florie	da street addres	S		
	Miam <u>i</u>		, Florida <u>3313</u>	31		
·		City	· <del></del>	Zip Coo	te	_
New Registered Agent's Signature, if changing Reg	istered Agent;	i.	,			

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 berely confirm that the similed liability company has been notified in writing of this change.

> If Changing Register ew Registered Agent

Page 1 of 3

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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> Name <u>Address</u> Type of Action 2780 NE 183 Rd. **MGRM** Francisco Caldas Martinez Apt. 1407 Remove Aventura, FL 33160 2780 NE 183 Rd. MGRM. Angelita Martinez De Caldas Apt. 1407 Aventura, FL 33160 2780 NE 183 Rd. Patricia Caldas Martinez MGRM Apt. 1407 lemove Aventura, FL 33160 2780 NE 183 Rd. **MGRM** Alejandro Caldas Martinez Apt. 1407 Aventura, FL 33160 MGR Marcal Realty & Management, LLC c/o 1000 Brickell Avenue Suite 300 Remove Miami, Florida 33131

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smending any other informatio	m, enter change(s) here: (Attach additional sheets, if necessary.)
Amending any other informatio	m, enter change(s) here: (Attach daattonat sneets, if necessary.)
<u></u>	
December 28	2012 1
December 20	—, <del>2012</del> )//
	( ) I day
Signat	ture of a member or authorized representative of a member
	E. Esa, as Authorized Paproportative of Many

Robert R. Adams, Esq., as Authorized Representative of Member

Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00

ZOIZ DEC 28 PM I2: 22
SECRETARY OF STATE
TALLAHASSEE FI DRIDA