#L/0000105945

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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K.SALY EXAMNER JUN 1 6 2015



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

May 19, 2015

CORPORATE SERVICES INTERNATIONAL CONSULTING GROUP LLC DANIELA REYES 290 NW 165TH ST. PH5 MIAMI, FL 33169

SUBJECT: DON TOMAS ORLANDO, LLC

Ref. Number: L10000105945

We have received your document for DON TOMAS ORLANDO, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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.

Karen A Saly Regulatory Specialist II

Letter Number: 415A00010545

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	ECT: DON Tomas Orlando, LLC Name of Limited Liability Company
The er	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Daniela Rayes Name of Person
	corporate services International Consulting Grav
	290 UW 165th St. PH5 Address
	Miomi Fl. 33169 City/State and Zip Code
	<u>corporate</u> <u>services</u> <u>deamre monagement</u> com E-mail address: (to be used for future annual report notification)
For fu	orther information concerning this matter, please call:
	Name of Person at (305) 454 - 0915 ext 220 Area Code Daytime Telephone Number
Enclo	osed is a check for the following amount:
ØK.\$	25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$55.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2015 JUN 15 W

•	2015 JUN 15				
Day ton	nas Orlando, LLC 3117111 AM 9:45				
(Name of the Limi	ted Liability Company as it now appears on our records.) All AHASSEF, Fl SRIII.				
	iability Company were filed on \O \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
Florida document number <u>LIOCO 1050</u>	<u>145</u> .				
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name of	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 applie	cable:				
(Principal office address MUST BE A STREE	ET ADDRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE	(LBOX)				
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:	corporate services International Consulting				
New Registered Office Address:	_ 290 NW 165th St. PHS Group ELG				
	Enter Florida street address				
	Wiami , Florida 33/69. Zip Code				
New Registered Agent's Signature, if changing	Registered Agent:				
provisions of all statutes relative to the pro- accept the obligations of my position as reg	red agent and agree to act in this capacity. I further agree to comply with the per and complete performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605, F.S. Or, if this document is e registered office address, I tereby confirm that the limited liability is change.				

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member				
<u>Title</u>	Name To as O as I (T) a la	Address	Type of Action	
MGR	Team Real Estate Hanagement, LLC	890 NW 165th St. PHS	Add	
		41am) F1- 33169	Remove	
AMBR	Lidia Salerno	290 NW 165th St. PHS	¼ Add	
		Miami Fl. 33/69	☐ Remove	
ambe	Valeria Seminara	290 NW 165th St. PH5 Miami Fl. 33169		
			Remove 2015	
			2015 JUNE AND ARRIVE US 4.6	
			🗆 Add	
			☐ Remove	

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary	.)
	
•	
	
Trestanting data is at the data at the data of fillings	
C. Effective date, if other than the date of filing: (optional) (The effective date must be specific, cannot be prior to date of receipt of filed date and cannot be more than 90 days after	
the date this document is filed by the Florida Department of State)	
Dated May 8 , 205 .	
Bulo Reis	
Signature of a member or authorized representative of a member	
Daniela Keves Typed or printed name of signee	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	F (5)
	PACLAHASSI SECRETARIS
	19 B
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Page 3 of 3	至9:46
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Filing Fee: \$25.00