

FROM

(WED) JUN 8 2011 14:32/No. 9300540821 P 1

Division of Corporations

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41000038611

Florida Department of State
Division of Corporations
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(((H11000152239 3)))



H110001522393ABCY

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To:

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

From:

Account Name : DIEGO L. RESTREPO, P.A.
Account Number : I20060000072
Phone : (305) 447-9430
Fax Number : (305) 448-5541

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

Email Address: mirta@restrepolaw.com

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DORAL ESTATES, LLC**

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FROM

(WED) JUN 8 2011 14:32/ST. 14:32/No. 9300540921 P 2

(H110001522895)
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DORAL ESTATES, 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 March 31, 2011. and assigned
Florida document number L11000038611

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**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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:

New Registered Office Address:

Enter Florida street address

, Florida

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

FROM

(WED) JUN 8 2011 14:33/ST. 14:32/No. 9300540921 P 3

(H110001522393)

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

Title	Name	Address	Type of Action
MGR	Mirta Abreu	2600 S Douglas Road, Suite 1000 Coral Gables, FL 33134	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Mary Luz Jaramillo	2600 S Douglas Road, Suite 1000 Coral Gables, FL 33134	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated June 8, 2011.

Mirta Abreu
 Signature of a member or authorized representative of a member
Mirta Abreu
 Typed or printed name of signee

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