

41000/32252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 10 2015

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GIRAFFAS DORAL, 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:

Quinn Smith
Name of Person

Gomm & Smith
Firm/Company

145 S.W. 7th Street, Suite 2110
Address

Miami, FL 33130
City/State and Zip Code

quinn.smith@gommsmith.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Quinn Smith
Name of Person

at (305)
Area Code

856.4423
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

GIRAFFAS DORAL LLC

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	PRATS, Rene	1444 Biscayne Blvd. suite 216 Miami, FL 33132	☐ Add ☒ Remove ☐ Change
AR	Oliveira, Ana Paula	1444 Biscayne Blvd. suite 216 Miami, FL 33132	☒ Add ☐ Remove ☐ Change
MGRM	Girainvest USA, LLC	1444 Biscayne Blvd. suite 216 Miami, FL 33132	☐ Add ☐ Remove ☒ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change

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

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated December 7, ²⁰¹⁵~~2016~~

Signature of a member or authorized representative of a member

Typed or printed name of signee