L12000026149



# Florida Department of State
## Division of Corporations
## Electronic Filing Cover Sheet

**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.

(((H15000204887 3)))

H15000204887 3ABC2

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
2015 AUG 25 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

From:
Account Name : CORP USA
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

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

**Email Address:** _____

RECEIVED
15 AUG 25 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**
**BLUE AT DORAL 1306 LLC**

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

99409

Electronic Filing Menu Corporate Filing Menu Help

K. SALY
EXAMINER
AUG 26 2015



08/24/2015 22:45 3056339696 CORPUSA PAGE 01/04

FILED
2015 AUG 25 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# ARTICLES OF AMENDMENT
# TO
# ARTICLES OF ORGANIZATION
# OF

BLUE AT DORAL 1306 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 08/23/2012 and assigned Florida document number L12000026149.

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 contain 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: VANDA MARIA DA SILVA ABREU

New Registered Office Address:
*Enter Florida street address*

*City* Florida *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 605, 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 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**

| Title | Name | Address | Type of Action |
|---|---|---|---|
| MGR | MANUEL CORRRA | 11402 NW 41ST STREET | ☐ Add |
| | | SUITE 211-540 | ☒ Remove |
| | | DORAL, FL 33178 | ☐ Change |
| MGR | VANDA MARIA DA SILVA ABREU | 11402 NW 41ST STREET | ☒ Add |
| | | SUITE 211-540 | ☐ Remove |
| | | DORAL, FL 33178 | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |

FILED
2015 AUG 25 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



VS

FILED
2015 AUG 25 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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 August 25, 2015

Signature of a member or authorized representative of a member

Vanda Maria De Silva

Typed or printed name of signer



H15000204887