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## **COVER LETTER**

1114 DOUGLAS, LLC SUBJECT: \_\_ 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: TANIA DOMINGUEZ Name of Person Firm/Company 3634 ROYAL PALM AVE. Address MIAMI, FL 33133 City/State and Zip Code TANIAD77@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TANIA DOMINGUEZ Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

1114 DOUGLAS, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A	Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L12000100785		and assigned
This amendment is submitted to amend the follow		CT -5 AHASS
A. If amending name, enter the new name of the	he limited liability company here:	ILED IARY OF ST IASSEE, FLO
The new name must be distinguishable and contain the work	ds "Limited Liability Company," the designation "LLC"	
Enter new principal offices address, if applicab	ole:	<u> </u>
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BE	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records. ce address here:	, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		orida
	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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	CD & ASSOCIATES MANAGEMENT, LLC	3634 ROYAL PALM AVE. MIAMI, FL 33133	Add
			■ Remove
			Change
MGR	CARLOS A. DOMINGUEZ	4086 BATTERSEA ROAD MIAMI, FL 33133	Add
			☐ Remove
			Change
			□ Add
			□ Remove
			Change
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ffective date, if other than the an effective date is listed, the date must <b>Note:</b> If the date inserted in this blo ocument's effective date on the De	ock does not meet the applicable	te of filing or more than 90 days a statutory filing requirements,	ptionar) after filing.) Pursuant to 605.0207 this date will not be listed as
e record specifies a delayed The 90th day after the reco		effective time, at 12:0	1 a.m. on the earlier of
OCTOBER 3	2018		
	· \		
	Jam Dru	d representative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00