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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DORAL GARDEN 6-208, 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:

ANTONIETA ALVAREZ DE VALDIVIESO

Name of Person

DORAL GARDEN 6-208, LLC

Firm/Company

11251 NW 20TH STREET SUITE 119

Address

MIAMI FLORIDA 33172

City/State and Zip Code

daniela@mybluestar.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTONIETA ALVAREZ DE VALDIVIESO

305 4369702
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DORAL GARDEN 6-208, 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 08/28/2012 and assigned
Florida document number L12000110720

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:

ANTONIETA ALVAREZ DE VALDIVIESO

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 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.

DocuSigned by:

Antonieta Alvarez De Valdivieso

If Changing Registered Agent, Signature of New Registered Agent

If an existing 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>
MGR	Antonieta Alvarez De Valdivieso	11251 NW 20th Street Suite 119	<input type="checkbox"/> Add
		Miami Florida 33172	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	VALDIVIESO, RICARDO	11251 NW 20th Street Suite 119	<input type="checkbox"/> Add
		Miami Florida 33172	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Valentina Valdivieso-Alvarez	11251 NW 20th Street Suite 119	<input type="checkbox"/> Add
		Miami Floirda 33172	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SOLARIS-FLORIDA
VALDIVIESO, RICARDO

17 DEC -4, PM 12:38
SECURITY DIVISION
TALLAHASSEE, FLORIDA

17 DEC -4, PM 12:38
SEATTLE, WASH
TALAMON, JEFFREY
ALL

(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.

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

Dated November. 27 2017

- DocuSigned by:

Antonieta Alvarez De Valdivieso

Signature of a member or authorized representative of a member

Antonieta Alvarez De Valdivieso

Typed or printed name of signee