## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : WESTON CORPORATE ADMINISTRATION, LLC

Account Number : 120090000072 : (954)356-2905 Phone Fax Number : (954)337-8346

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

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DORAL DESIGNS & DECOR OUTLET LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

#### COVER LETTER

TO:

Registration Section

Division of Corporations

### DORAL DESIGNS & DECOR OUTLET 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:

Name of Person

WESTON CORPORATE ADMINISTRATION LLC

Firm/Company

P.O. BOX 266221

Address

WESTON, FL 33326

City/State and Zip Code

INFO@WESTONCA.COM

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

For further information concerning this matter, please call:

JELINE RODRIGUEZ at (954) 389-0729

Name of Person

Area Code & 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) C. POT OI

**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

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

DORAL DESIGNS & DECOR OUTL				
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our recor	<u>ds.</u> )	-	
The Articles of Organization for this Limited Liability Composition of Provided Accument number <u>L13000031568</u> .	pany were filed on 03/01/2013	and	assigned	
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 "L.L.C."	"Limited Liability Company," the design	eation "LLC" or	the abbrev	riatio
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u> </u>	<u> </u>	<u></u>	<u> </u>
	.,	⋛道	ŞER	را ا ع <del>سده ا</del>
Enter new mailing address, if applicable:			ယ် မှု	1237 273
(Mailing address MAY BE A POST OFFICE BOX)				7 K
		GEN DE	요 설	(LEITZE)
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		1	ie of the	: nev
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida sti	reet address		
		rida		
	City	Zip (	Code	
No. 10 State of Acres 14 Acres 14 Miles 14 Acres				

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

Page 1 of 3

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

<u>Title</u>	Name	<u>Address</u> <u>T</u>	ype of Action
MGRM	GARCIA, EDGAR E	8546 SW 8TH STREET	Add
		MIAMI, FL 33144	Remove
			. L. Add
			Remove
			. Add
<del></del>		ACT CONTRACTOR OF THE CONTRACT	Remove
			S S S
		(5) (5) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Add
			Remove
		No.	33
	·		Add
			Remove
			Add
			Remove

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amending any other	information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
Stplember 1	2013
	Standard Control of the Control of t
	Signature of a member or a member Scar Sancht Z
<u> </u>	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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