113000073644

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K. SALY JUL - 6 2017

COVER LETTER

TO:	Registration Section Division of Corporations						
CIDIT	DORALSUR, LLC CT: Name of Limited Liability Company						
SUBJE							
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please r	eturn all correspo	ndence concerning this matter	to the following:				
		LILY PADIAL					
			Name of Person				
		PADIAL & COMPANY P	'A				
Firm/Company 999 PONCE DE LEON BLVD SUITE 705							
						Address	
		CORAL GABLES, FLORIDA 33134					
			City/State and Zip Code				
		LPADIAL@PADIALCPA.COM					
			to be used for future annual report notif	ication)			
For furt	her information co	oncerning this matter, please co	all:				
LILYP	ADIAL		305 443-4305				
	Name o	Person	at () Area Code Daytime	Telephone Number			
Enclose	d is a check for th	e following amount:					
≡ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 JUL -5 M 4:32

MITCHE MARY M 4:32

TOS. 17 ONN

DORALSUR, LLC

company has been notified in writing of this change.

(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 $\frac{05/20}{2}$	2013 and assigned
Florida document number L13000073644			
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liabi	lity company here	
The new name must be distinguishable and contain the	words "Limited Liabili	ity Company," the desig	mation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and registered agent and/or the new registered of			ur records, enter the name of the new
Name of New Registered Agent:	SURRENTINI.	UMBERTO	
New Registered Office Address:	8365 N.W. 115	COURT	
			street address
	DORAL		, Florida
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the pro-			

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

or removed	from our records:	manage, enter the title, name, and address of e	ach person being au		
MGR = N	lanager	FILEI,			
	Authorized Member	2017 July -5			
<u> Fitle</u>	<u>Name</u>	manage, enter the title, name, and address of e	Type of Action		
		- PARSFE, FINAL			
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CC. at	ive date, if other than the date of filing:
f an ef	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuam to 605,0207 (
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as thent's effective date on the Department of State's records.
iocun	icht's effective date on the Department of State's records.
e re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
,	your day arter the record to mean
Ya.e. v. I	
zateo	·
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member UMBERTO SURRENTINI- MANAGER

Page 3 of 3

Filing Fee: \$25.00