

L13000108797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

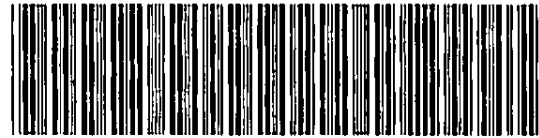
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08/14/17--01004--020 **25.00

S. WARREN

AUG 22 2017

RECEIVED
FILED
2017 AUG 11 AM 8:59
17 AUG 21 AM 11:32
SOUTH FLORIDA
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2017

DOBLE W ENTERPRISE, LLC
19262 NE 6 AVE
MIAMI, FL 33179

SUBJECT: DOBLE W ENTERPRISE, LLC
Ref. Number: L13000108797

We have received your document for DOBLE W ENTERPRISE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

NO PAGE 3

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 017A00016595

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DOBLE W ENTERPRISE, 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
DOBLE W ENTERPRISE, LLC
Firm/Company
19262 NE 6 AVE
Address
MIAMI FL 33179
City/State and Zip Code
ABADIANDRES@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDRES ABADI 786 246-4416
Name of Person at () 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**

DOBLE W ENTERPRISES, 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 8/1/13 and assigned Florida document number 613000108797.

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)

19262 NE 6 AVE
MIAMI FL 33179

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

19262 NE 6 AVE
MIAMI FL 33179

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:

ANDRES ABADI

New Registered Office Address:

19262 NE 6 AVE

Enter Florida street address

MIAMI

City

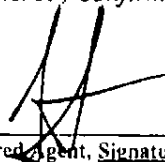
Florida

33179

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>	<u>Type of Action</u>
MGR	ANDRES ABADI	19262 NE 6 AVE	<input checked="" type="checkbox"/> Add
		MIAMI FL 33179	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROFOS PROPERTIES GROUP LTD.	19262 NE 6 AVE	<input checked="" type="checkbox"/> Add
		MIAMI FL 33179	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SZWARE MARIO	8855 COLLINS AVE 36	<input type="checkbox"/> Add
		SURFAD6 FL 33154	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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FILED
AUG 21 AM 11:30
CLERK OF DISTRICT COURT
DADE COUNTY, FLORIDA

This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

(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)

Dated 8/02/17

ANDRES AGADO

Typed or printed name of signee

FILED
17 AUG 21 AM 11:32
FBI - ALBUQUERQUE