

L13 000148313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

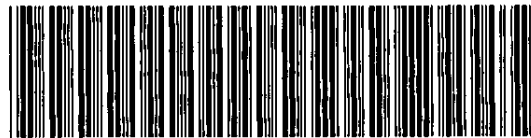
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 AUG - 7 PM 4:45

FILED

T. Burch AUG 14 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FORMATEC DORAL 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:

ALPHA BAH.
Name of Person

FORMATEC DORAL LLC
Firm/Company

15610 SW 80 Street Apt # 203J
Address

Miami, FL 33193
City/State and Zip Code

Tutortowec1@live.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALPHA BAH at (305) 613-1256
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

FORMATEC DORAL 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 OCT 22, 2013 and assigned
Florida document number L13000148313.

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 "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**)

15610 SW 80 Street
APT # 203 J Miami, FL
33193

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

15610 SW 80 Street
APT # 203 J Miami, FL
33193

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:

ALPHA BAH

New Registered Office Address:

15610 SW 80 Street APT # 203 J
Enter Florida street address
Miami, Florida 33193
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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
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<u>MGR</u>	<u>MARISOL AponTE</u>	<u>5717 NW 113TH Av</u> <u>MIAMI, FL 33178</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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<u>MGRM</u>	<u>ALEXANDRA AponTE</u>	<u>5717 NW 113TH Av</u> <u>MIAMI, FL 33178</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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<u>MGR</u>	<u>ALPHA BAH</u>	<u>15610 SW 80 Street</u> <u>APT# 203 F Miami,</u> <u>FL 33193</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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<u>MGRM</u>	<u>Michelle Jones</u>	<u>15610 SW 80 Street</u> <u>APT# 203 F Miami,</u> <u>FL 33193</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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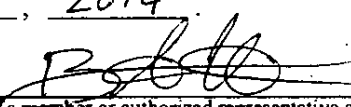
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 07-31, 2014



Signature of a member or authorized representative of a member

ALPHA BAH

Typed or printed name of signee

FILED
14 AUG - 7 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA