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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: DORAL REAL ESTATE GROUP 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:
Christopher T Curcio Name of Person
DORAL REAL ESTATE GROUP LIC
16181 NW 58th Street Suite 141 Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christopher T Curcio at (786) 553-9444  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\Bigcup \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\Bigcup \text{\$60.00 Filing Fee, 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

SORAL REAL	ESTATE GROUP LLC			
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)			
The Articles of Organization for this Limited Liability Florida document number	Company were filed on 12/04/2413	and	l assigi	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability company here:			
The new name must be distinguishable and end with the words "l	Limited Liability Company," the designation "LLC" or the a	abbreviatio	on "L.L.	C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADL	ORESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad  Name of New Registered Agent:	gistered office address on our records, <u>enter</u> ldress here:	the na	me of	the ne
N. P. LOW, ALL			ii.	•
New Registered Office Address:	Enter Florida street address	- 4	+5	
	, Florida	:	<u> </u>	
	City	Zip Co	ode	
			<u>.                                    </u>	

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 of
Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address Type of Action** CARLOS De CAPO \_D Add \_□ Remove \_□ Add \_□ Remove Remove □ Remove \_□ Add \_□ Remove

	II amend	ing any other inform	mation, enter change(s) here: (Attach	additional sheets, if necessary.)
	•			
		*		<del> </del>
(	The effective	date, if other than to the date must be specific, or as document is filed by the	the date of filing:  cannot be prior to date of receipt or filed date and e Florida Department of State)	cannot be more than 90 days after
			,	
	Dated	July 23	3 , 2014.	
	Dated	July 23	3 , <u>2014</u> . Christof J. Cines	
	Dated	July 23	Signature of a member or authorized representation of the Christopher of Cure	

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Filing Fee: \$25.00