

L13 000171471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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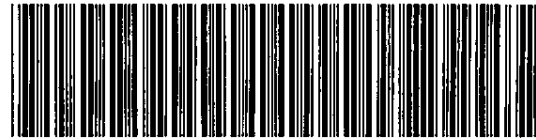
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DONA NELI MIAMI 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:

**VALDES ABREU DANIEL**

Name of Person

**DONA NELI MIAM LLC**

Firm/Company

**12740 SW 17 TERRACE**

Address

**MIAMI FLORIDA 33175**

City/State and Zip Code

**beatriz.prado@live.com**

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

For further information concerning this matter, please call:

**DANIEL VALDES** at **(786) 4510150**  
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)

**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

SECRETARY OF REVENUE  
 TALLAHASSEE, FLORIDA  
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DONA NELI MIAMI 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 DECEMBER 11, 2013 and assigned Florida document number L13000171471

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: 12652 SW 8 St MIAMI, FLORIDA 33184

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

City, Florida 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

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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>                   |
|--------------|---------------------|-----------------|---|
| MGR          | Daniel Valdes Abreu | 12652 SW 8 St   | <input checked="" type="checkbox"/> Add |
|              |                     | miami, fl 33184 | <input type="checkbox"/> Remove         |
|              |                     |                 | <input type="checkbox"/> Add            |
|              |                     |                 | <input type="checkbox"/> Remove         |
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 SEC. OF STATE  
 ALABAMA  
 STATE CAPITOL  
 MONTGOMERY, AL 36103-0001  
 TEL: (205) 353-4300  
 FAX: (205) 353-4301  
 WWW: www.sos.alabama.gov

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

change the address

New Address 12652 sw 8 st Miami, Fl 33184

old address 12740 sw 17 terrace

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated January 09, 2014

Daniel Valdes Abreu

Signature of a member or authorized representative of a member

Daniel Valdes Abreu

Typed or printed name of signee

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Filing Fee: \$25.00

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