

#L14000018587  
02/06/2032 04:37  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
1277 P.001/004

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(((H14000074103 3)))



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Division of Corporations  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
DOCAY 194 LLC**

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Help

K. SALY  
EXAMINER  
MAR 28 2014

H14000074103  
 ARTICLES OF AMENDMENT  
 TO  
 ARTICLES OF ORGANIZATION  
 OF

FILED  
 2014 MAR 27 AM 10:48  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCAY 194 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 FEB 03, 2014 and assigned  
 Florida document number 214000018587

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)

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

, Florida

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

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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

| Title  | Name         | Address         | Type of Action                             |
|--------|--------------|-----------------|--|
| MGRM   | ESTAND SIA.  |                 | <input type="checkbox"/> Add               |
|        |              |                 | <input checked="" type="checkbox"/> Remove |
| MEMBER | HENRY CRISTO | 55 MERRICK WAY  | <input checked="" type="checkbox"/> Add    |
|        |              | # 746           | <input type="checkbox"/> Remove            |
|        |              | CORAL GABLES FL |  |
|        |              | 33134           | <input type="checkbox"/> Add               |
|        |              |                 | <input type="checkbox"/> Remove            |
|        |              |                 | <input type="checkbox"/> Add               |
|        |              |                 | <input type="checkbox"/> Remove            |
|        |              |                 | <input type="checkbox"/> Add               |
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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.)*

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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 3/27/14



Signature of a member or authorized representative of a member

HENRY CRISTO

Typed or printed name of signee

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Filing Fee: \$25.00

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