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## **COVER LETTER**

	ision of Corpo	
SUBJECT:	Doral OPH	H,LLC
SOBOLCI.	<del></del>	Name of Limited Liability Company
The enclosed	Articles of A	mendment and fee(s) are submitted for filing.
Please return	all correspond	dence concerning this matter to the following:
		Edward Perez
		Name of Person
		Firm/Company
		9903 NW 41 st
		Address
		Doral,FL 33178
		City/State and Zip Code
		edward@eluhsolutions.com
		E-mail address: (to be used for future annual report notification)
For further in	nformation cor	ncerning this matter, please call:
Edward F	Perez	786 2184207
	Name of I	at () Person Area Code Daytime Telephone Number
Enclosed is a	a check for the	following amount:
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

Doral OPH,LLC				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it <u>now appears on our recorc</u> liability Company)	<u>ls.</u> )		
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000057521</u> .	were filed on 04/08/2014		and ass	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and end with the words "Limited Liab	ifity Company," the designation "Ll.	.C" or the ab	previation "I	"L.C."
Enter new principal offices address, if applicable:	9903 NW 41St. Doral,F	L 33178		
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:	9903 NW 41St. Doral,F	L 33178		
(Mailing address MAY BE A POST OFFICE BOX)				<del></del>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:		s, enter t	he name	of the nev
New Registered Office Address:		<del></del>	EB -	T
New Registered Office Address.	Enter Florida street addre.	ss :	-9 PH	m
	City		<i>Yip C</i> <b>3 5 5 5</b>	there gets
New Registered Agent's Signature, if changing Registered Agent:		27		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been positived in verticing of this above.	performance of my duties, a provided for in Chapter 605, address, I hereby confirm th	nd I am fa F.S. Or, i	miliar wit f this docu	h and ment is

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>	Address	Type of Action
MGR	Carlos Alberto Garcia	9903 NW 41St. Doral,FL 33178	Add
			Remove
			[] Add
			☐ Remove
			Remove
			Remove 55
			Add I
			Remove 5
			Add
			□ Remove

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