

L14 000101098

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DA PORT CHARLOTTE HOLDINGS, 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:

MYRIAM K. LOUIS, ESQ.

Name of Person

LERMAN & WHITEBOOK, P.A.

Firm/Company

2611 HOLLYWOOD BOULEVARD

Address

HOLLYWOOD, FLORIDA 33020

City/State and Zip Code

MYRIAM@LWLAWFLA.COM

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

For further information concerning this matter, please call:

MYRIAM K. LOUIS, ESQ.

at (**954**)

922-2811

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DA PORT CHARLOTTE HOLDINGS, 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 JUNE 24, 2014 and assigned
Florida document number L14000101098

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)

1550 WEST 34 PLACE

HIALEAH, FLORIDA 33012

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1550 WEST 34 PLACE

HIALEAH, FLORIDA 33012

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:

LYSANDER M. MARRERO

New Registered Office Address:

1550 WEST 34 PLACE

Enter Florida street address

HIALEAH

City

Florida

33012

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	DAVID ARZUMANIAN	210-174 STREET, UNIT 1812	<input type="checkbox"/> Add
		SUNNY ISLES BEACH, FL 33160	<input checked="" type="checkbox"/> Remove
MGR	LYSANDER M. MARRERC	1550 WEST 34 PLACE	<input checked="" type="checkbox"/> Add
		HIALEAH, FLORIDA 33012	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

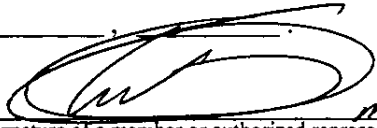
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 _____



Signature of a member or authorized representative of a member

Arturo Marquez

Typed or printed name of signee

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Filing Fee: \$25.00

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