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## **COVER LETTER**

Divis	ion of Corp	porations				
SUDIECT.	Cabo Do	ral City Place, LLC				
SUBJECT: _		Name of Lim	ited Liability Company			
The enclosed A	Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return a	all correspor	ndence concerning this matter	to the following:			
		Marci A. Rubin				
			Name of Person			
		Phillips, Cantor, Sha	alek, Rubin & Pfister, P.A.			
			Firm/Company			
		4000 Hollywood Blv	d., Suite 500-N			
			Address			
		Hollywood, FL 3302	1			
			City/State and Zip Code			
		mrubin@phillipslawy				
			to be used for future annual report notific	ation)	2015	
For further inf	ormation co	oncerning this matter, please co	all:		<b></b>	
Marci A. R	lubin		954 966-1820		JAN 20 CRETARY LAHASSE	Canadanie:
	Name of	Person	Area Code Daytime	l'elephone Number	#G <b>-2</b>	
Enclosed is a	check for th	e following amount:			STATE LORIDA	U
\$25.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate o Certified Co (additional cop	g Fee, of Status & opy	

MAILING ADDRESS:

TO:

**Registration Section** 

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

Cabo Doral City Place, 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 January 13, 2015 and assigned Florida document number L15000007097 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 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 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	Valles, Delia	621 NW 53rd Street	<b>=</b> Add
		#320	□ Remove
		Boca Raton, FL 33487	
			□ Remove
<u> </u>			Add
			Remove
		····	
<del></del>			
			Remove
			201 SE TALL
			2015 JAN 20 SECRICIAR VALLAHASSE
			SF X Remove
			AM 20 Repove 13:5
		•••	□ Add
		<del></del>	□ Remove

(optional) c more than 90 days after
of a member

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Filing Fee: \$25.00

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