

L15000081353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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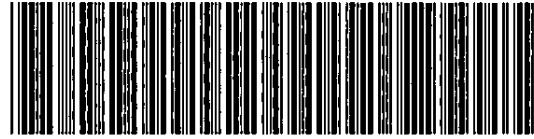
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT  
MAY 18 2017

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** D & O PINECREST 1, 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:

YELINA MIRANDA  
Name of Person  
CMG FAMILY MANAGEMENT, LLC  
Firm/Company  
6100 BLUE LAGOON DR., SUITE 430  
Address  
MIAMI, FL 33126  
City/State and Zip Code  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YELINA MIRANDA at 305 665-1250  
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

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TALLAHASSEE, FL 32304



If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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          | D&O DEVELOPMENT, INC.      | 255 UNIVERSITY DR.               | <input type="checkbox"/> Add               |
|              |                            | CORAL GABLES, FL 33134           | <input checked="" type="checkbox"/> Remove |
|              |                            |                                  | <input type="checkbox"/> Change            |
| MGR          | CMG Family Management, LLC | 6100 BLUE LAGOON DR., #430       | <input checked="" type="checkbox"/> Add    |
|              |                            | MIAMI FL 33126                   | <input type="checkbox"/> Remove            |
|              |                            |                                  | <input type="checkbox"/> Change            |
| <u>Pres.</u> | <u>Oscar Garcia</u>        | <u>6100 Blue Lagoon Dr. #430</u> | <input checked="" type="checkbox"/> Add    |
|              |                            | <u>Miami, FL 33126</u>           | <input type="checkbox"/> Remove            |
|              |                            |                                  | <input type="checkbox"/> Change            |
|              |                            |                                  | <input type="checkbox"/> Add               |
|              |                            |                                  | <input type="checkbox"/> Remove            |
|              |                            |                                  | <input type="checkbox"/> Change            |
|              |                            |                                  | <input type="checkbox"/> Add               |
|              |                            |                                  | <input type="checkbox"/> Remove            |
|              |                            |                                  | <input type="checkbox"/> Change            |

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

Multiple horizontal lines for amending information.

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 prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b) The 90th day after the record is filed.

Dated MAY 11th, 2017

Signature of a member or authorized representative of a member

OSCAR A. GARCIA

Typed or printed name of signee

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