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(Re	questor's Name)	
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K. SALY EXAMINER SEP 15 2015

COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	RS21 DOR	AL DL, LLC		
		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		ANGELICA ESPINOZA		
			Name of Person	
		QUICKBOOKER SERVI	CES LLC	
			Firm/Company	
		10520 NW 26ST SUITE C	C101	
			Address	
		MIAMI,FL 33172		
			City/State and Zip Code	
		info@quickbookerservices.		
		E-mail address: (to be used for future annual report notifi	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
Angelica Es	pinoza		786 879-2947	
	Name o	f Person		Telephone Number
B 1 12		6.11		
		ne following amount:		
■ \$25.00 F	iling 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)

TO:

Registration Section

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

SECRETARY OF STATE

TALLAHASSEE. FLORIDA

RS21 DORAL DL, 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 I	Liability Company	were filed on $\frac{05-0}{2}$	J8-15 	and assigned
Florida document number L15000081604	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liah	ility company her	<u>·e</u> :	
N.A.			_	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the des	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	2330 PONCE DE	E LEON BLVD.	
(Principal office address MUST BE A STRE		CORAL GABLE	S,FL 33134	
				
Enter new mailing address, if applicable:		N.A.		
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	M.A.	e:	our records, ente	er the name of the new
New Registered Office Address:	N.A.			
·		Enter Florid	da street address	
			, Florida _	
		City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	er and complete istered agent as p registered office	performance of n provided for in Ch	ny duties, and I an hapter 605, F.S. O	n familiar with and Or, if this document is
	If Chai	nging Registered Age	nt, <u>Signature of New</u>	Registered Agent

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>	Address	Type of Action
MGR	ARMANDO TRAVIESO	2330 PONCE DE LEON BLVD.	Add
		CORAL GABLES,FL 33134	☐ Remove
			☐ Change
ASSIST-MGR	BARBARA MORENO	2330 PONCE DE LEON BLVD.	= Add
		CORAL GABLES,FL 33134	□ Remove
			Change
			Add
			Remove PN 5: 25
			☐ Change
			Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change

FEIN #: 47-3949293 (IRS LET	TER ATTACHED)	
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ctive date, if other than the d	oto of films.	(and an all
ffective date is listed, the date must be	e specific and cannot be prior to date of filing or	(optional) r more than 90 days after filing.) Pursuant to 605.6
ment's effective date on the Dep	artment of State's records.	ling requirements, this date will not be listed
ecord specifies a delayed on the secord specifies a delayed on the secord secor	effective date, but not an effective	e time, at 12:01 a.m. on the earlie
a sacrada, area, eno recor	a is inco.	
SEPTEMBER 7	2015	
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	Molevo gnature of a member or authorized representat	

Page 3 of 3

Filing Fee: \$25.00