

L15000126452

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

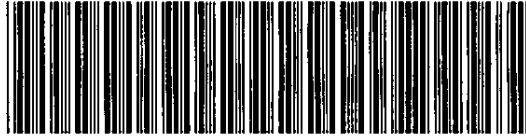
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\_\_\_\_\_  
(Document Number)

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*Linda Roth P.A.*  
ATTORNEY AT LAW

2333 Brickell Avenue Suite A-1  
Miami, FL 33129

Telephone: (305) 774-7070

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email: [lr@lindarothlaw.com](mailto:lr@lindarothlaw.com)

November 16, 2015

Florida Department of State  
Division of Corporations  
Registration Section  
P O BOX 6327  
Tallahassee, FL 32314

**RE: 8181 Doral, LLC - Amendment to Articles of Organization**  
**Coral Way Entrance, LLC - Amendment to Articles of Organization**

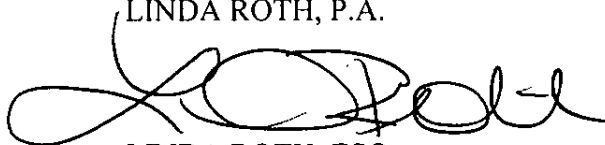
Dear Sir or Madam:

Enclosed please find the Articles of Amendment to Articles of Organization for the above referenced limited liability companies, together with our firm's check in the sum of \$55.00 representing the filing fees and certificate of status fee, as applicable. Upon filing of the enclosed, please forward the proof of filings and the certificate of status to the attention of the undersigned.

Should you have any questions regarding the enclosed or if we may be of further assistance to you at any time, please do not hesitate to contact me.

Cordially,

LINDA ROTH, P.A.

A handwritten signature in black ink, appearing to read 'Linda Roth', written over a horizontal line.

LINDA ROTH, ESQ.  
For the Firm

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 8181 DORAL, 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:

LINDA ROTH, ESQ.

\_\_\_\_\_  
Name of Person

LINDA ROTH, P.A.

\_\_\_\_\_  
Firm/Company

2333 BRICKELL AVENUE, SUITE A-1

\_\_\_\_\_  
Address

MIAMI, FLORIDA 33129

\_\_\_\_\_  
City/State and Zip Code

lr@lindarothlaw.com

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

For further information concerning this matter, please call:

LINDA ROTH

305 774-7070  
at ( )

\_\_\_\_\_  
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**

8181 DORAL, 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 18, 2015 and assigned  
Florida document number L15000106452.

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 contain 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*

*City*

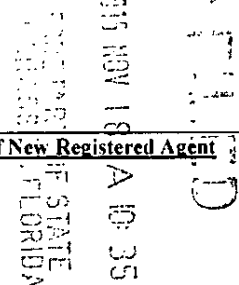
*Florida*

*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



• 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**

[illegible]

[illegible]

**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.

Dated 11/6/2015

MIGUEL MOURIZ, Manager

Typed or printed name of signee

**Filing Fee: \$25.00**

2015 NOV 18 A 10:35  
FLORIDA DEPT OF STATE  
TALLAHASSEE, FLORIDA