

Apr. 10. 2017 12:55PM

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0285 1 of 2

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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Fax Number : (850) 617-6383

From:

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Account Number : I20010000025  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BLUESKY BEACH RESORT, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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**S Warren**

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2017 APR 10 P 1:49

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April 7, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

BLUESKY BEACH RESORT, LLC  
4651 SHERIDAN STREET  
SUITE 335  
HOLLYWOOD, FL 33021US

SUBJECT: BLUESKY BEACH RESORT, LLC  
REF: L16000111483

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

THE DORAL COMMON CORPORATION - N41197

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young  
Regulatory Specialist II

FAX Aud. #: H17000094577  
Letter Number: 417A00006708

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUESKY BEACH RESORT, 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 6/9/2016 and assigned  
Florida document number L16000111483

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Doral Commons Holdings, LLC

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)

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2017 APR 10 P 1:49  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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

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No. 0285 P. 4

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(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)

(b) The 90th day after the record is filed.

\_\_\_\_\_, 2017.

Signature of a member or authorized representative

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**Filing Fee: \$25.00**

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