Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170002511013)))



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Fo:	Division of Corporations Eax Number : (850)617-6383
From:	Account Name : LEOPOLD KORN & LEOPOLD, P.A.S. Account Number : I20010000025

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DORAL COMMONS HOLDINGS, LLC

Certificate of Status	0	
Certified Copy	0	
Page Count	04	
Estimated Charge	\$25.00	

Electronic Filing Menu

Corporate Filing Menu

Help K SALY

Sep. 25, 2017 3:56FM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Deral Commons Holdings, LLC		intimes in its initial initia initial initial initial initial initial initial initia
(Name of the Limited Liability (A Florida	ty Company as it now appears on our records a Limited Liability Company)	<u>s.</u>)
he Articles of Organization for this Limited Liability C	Company were filed on 6/9/2016	and assigned
lorida document number L16000111483	<u></u> ·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	ited liability company here:	
Doral Center, LLC		
he new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)	
		. <u> </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or regi	stered office address on our record	s, enter the name of the
registered agent and/or the new registered office ado	ness here.	
- CNT The mistage of A country		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	\$5
	r	lorida
	City, 1	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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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added 2017 SEP 25 B

MGR = Manager AMBR = Authorized Member		- 36 AM 11: 46		
Title	<u>Name</u>	Address Address	Type of Action	
		·	□ Add	
			□ Remove	
			Change	
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Typed or printed name of crance

granure of a member or authorized representative of a member

Robert Lechter, Manager

Filing Fee: \$25.00

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