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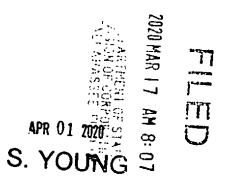
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PICK-UP WAIT MAIL	
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Special Instructions to Filing Officer:	
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Do	resca Devels	bmont Estates ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Wilbert	Name of Person	
		Development Esta	
	7050 W Pal.	metto Park RD 9	suite 15-399
		tow FL 3343 City/State and Zip Code	
	Dorescaesto E-mail address:	tes Lie & quail co	cation)
For further information e	concerning this matter, please c	alt:	
Wilbert Name o	Dores ca	at ( <u>561</u> ) <u>213~ S</u> Area Code Daytime	Co 21 Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sect	tion
Division of C		Division of Corp	
P.O. Box 632	.7	The Centre of Ta	
Tallahassee, 1	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

엉

Doresca Develob (Name of the Limited Hal	ment Estates	LCC TO F
( <u>Name of the Limited Lia</u> l (A Flor	pility Company as it now appears ida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability	Company were filed on F	26 27 2019 and assigned
Florida document number <u> </u>	<u> </u>	9. 01
This amendment is submitted to amend the following		• •
A. If amending name, enter the new name of the li	mited liability company her	<u>e</u> :
The new name must be distinguishable and contain the words "I	total (CARLO) and Maria	
_	imited Liability Company, the des	agnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	.=	
(Principal office address MUST BE A STREET AD)	DRESS)	
	<del></del> -	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	·—·—	
B. If amending the registered agent and/or registe	red attice address on our rec	eards, enter the name of the new registers
agent and/or the new registered office address here		of us, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	la street address
		, Florida
	City	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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	Beatrisa + Doresca	7050 W Palmetto Dark 20	□Add
		suite 15-349	<b>=</b> Remove
		Boca Raton, FL 33435	Change
Consultanit	Patrick Nymas	2050 W Palmetto Park 20	□Add
		suite 16-399	<b>≣</b> Remove
		Bora Rator, FL 33433	©Change
			🗆 Add
-			🗀 Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change

	<del></del>
(If an effect <u>Note:</u> If	e date, if other than the date of filing:
he record s ord is filed	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 .
Dated	Friday 13, 2020.
	Signature of a member or authorized representative of a member  Wilkert Dore 529  Typed or printed name of signee
	Wilhert Doresig