

Division of Corporations

L18000093930

<https://efile.sunbiz.org/scripts/eflcover.exe>

Florida Department of State
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.

((H180001453373)))



H180001453373ADCK

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6393

From: Account Name : TORRES & VADILLO, LLP
Account Number : T20150000939
Phone : (305) 436-9700
Fax Number : (305) 436-0191

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

Email Address: corporations@svlawllp.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DORAL ESTATES 9424 LLC

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

2018 MAY 10 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu Corporate Filing Menu Help

RECEIVED

MAY 10 2018

B FIGUEROA

MAY 11 2018

850-817-6381

5/10/2018 10:11:18 AM PAGE 1/001 Fax Server



May 10, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DORAL ESTATES 9424 LLC
5930 NW 99TH AVENUE
SUITE # 4
DORAL, FL 33178

SUBJECT: DORAL ESTATES 9424 LLC
REF: L18000093930

10 AM 40F

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

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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.

Brittany M Figueras
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H18000145337
Letter Number: 118A00009669

H18000145337 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DORAL ESTATES 9424 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 04/13/2018 and assigned Florida document number L18000093930.

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)

FILED
2018 MAY 10 AM 9:37
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

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

H18000145337 3

H18000145337 3

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

Title	Name	Address	Type of Action
MGR	CARLO CIARCIA	5930 NW 99TH AVENUE	<input type="checkbox"/> Add
		SUITE # 4	<input checked="" type="checkbox"/> Remove
		DORAL, FL 33178	<input type="checkbox"/> Change
MGR	RAFAEL CIARCIA	5930 NW 99TH AVENUE	<input checked="" type="checkbox"/> Add
		SUITE # 4	<input type="checkbox"/> Remove
		DORAL, FL 33178	<input type="checkbox"/> Change
MGR	ADELINA DE CIARCIA	5930 NW 99TH AVENUE	<input checked="" type="checkbox"/> Add
		SUITE # 4	<input type="checkbox"/> Remove
		DORAL, FL 33178	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H18000145337 3

