

Division of Corporations

**L18000093930**

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Florida Department of State  
Division of Corporations  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
DORAL ESTATES 9424 LLC

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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

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 And. #: H18000145337  
Letter Number: 118A00009669

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**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)

**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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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
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**D. If amending any other information, enter change(s) here: (attach additional sheets, if necessary.)**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is fixed, 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)

**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.

**If the record 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 record is filed.

Dated MAY 8 2018

Signature of a member or authorized representative of a member

**RAFAEL GARCIA, MEMBER OF DORAL ESTATES 9424 LLC**

Typed or printed name of witness

Authorized - B2