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(Req	luestor's Name)	
(Add	lress)	
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(City	/State/Zip/Phone	e #)
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PICK-UP	TIAW	MAIL
(Bus	iness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Canaial Instructions to 5	Tiling Officer	
Special Instructions to F	-iling Officer.	

Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor			
STIR IE	9731 Domi	nican Drive LLC		
SUBIL	CI	Name of Lin	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	indence concerning this matter	to the following:	
			Name of Person	
			Firm/Company	<u>-</u>
			Address	<u></u>
			City/State and Zip Code	
		E-mail address: (to be used for future annual report no	dification)
For furth	ner information o	oncerning this matter, please c	all:	
Ricardo	S. Gonzalez		305 300-7425	
	Name o	f Person	at () Area Code Dayth	ne Telephone Number
Enclosed	d is a check for th	ne following amount:		
물 \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	31.11	IV.C. & INDBEGG.	erneeriggeen	JPD A DADLESS

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

9731 Dominican Drive LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears of Liability Company)	n our records.)	
he Articles of Organization for this Limited Liability Company	were filed on		and assigned
lorida document number			
his amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liab	dity company here	:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desig	mation "LLC" or the abl	previation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			& ₹
			16
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
			2 2
 If amending the registered agent and/or registered of egistered agent and/or the new registered office address here 		ur records, <u>enter</u>	the name of th
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
		, Florida	
	City		Zip Code

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Mrs.	Ana M. Gonzalez	9485 Sunset Dr. Ste A-250	_ = Add
		Miami, FL 33173	□ Remove
			□ Change
			□ Add
			☐ Remove
			Change
			Add
			Remove
			□ Change
			Remove
			Change
			Add
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	W-7-252-		Add
			Remove
			☐ Change

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ffecti	ve date, if other than	the date of f	iling:			(optional)		
an effi	ve date, if other than betive date is listed, the dat If the date inserted in the	e must be specific	and cannot be	prior to date of film	ng or more than s	00 days after filing.	Pursuant to 60	5.0207
	ent's effective date on t				y ming require	ments, this date	WIII HOLDE HS	icu as
	ord specifies a dela			not an effec	tive time, al	: 12:01 a.m. «	on the earli	ier o
The	90th day after the	record is file	ed.					
_	July 11th		2018					
ated_	· / /		·	·				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00