

**LIB000213926**

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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

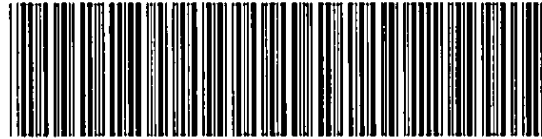
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200319826042

10/23/18--01031--017 \*\*25.00

2018 OCT 23 PM 0:01

FILED

11/2/18

October 11<sup>th</sup> 2018

To Whom it May Concern ,

Enclosed is an amendment to DARE MIAMI ESTATE 1635 LLC Articles of Organization of a Florida Limited Liability Company. I have attached the form that changes 2 authorized persons from a manager title to a member title.

Please review the following

Person 1: Dominique Easley II title from MNGR to AMBR

Person 2: Arill Easley title from MNGR to AMBR

Please contact me if there are any issues or concerns,



Raelise Emard

Registered Agent and Manager 1

Email: [dare.easley@gmail.com](mailto:dare.easley@gmail.com)

Cell: 3055050683

Return Address: 4229 Flintlock Ln, Westlake Village CA 91361

NOTE: please note return address is valid until December 31<sup>st</sup> 2018. Place of business is still list address of

1635 SW 98<sup>th</sup> Ct

Miami FL 33165

2018 OCT 11 PM 4:02  
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## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: DARE Miami Estate 1635 LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Raelise Emard

Name of Person

DARE Miami Estate LLC

Firm/Company

1635 SW 98th Ct Miami FL 33165

Address

Miami FL 33165

City/State and Zip Code

dare.easley@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raelise Emard

305

5050683

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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)

### 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

2006-06-23 10:02

FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

DARE Miami Estate 1635 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 9/7/2018 and assigned  
Florida document number 300318216943.

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 "LLC."

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*

\_\_\_\_\_, 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 added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Dominique Easley II		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Arii Easley		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED

[illegible]

23 4:02


75

(If an effective date is listed, 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)

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 10/5/2018



Signature of a member or authorized representative of a member

Raelise Emard

Typed or printed name of signee