

9/27/21, 4:43 PM

Division of Corporations
 Florida Department of State
 Division of Corporations
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L20000559799

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(((H21000361392 3)))



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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : LAW OFFICES TONY PORNPRI NYA
 Account Number : I20010000164
 Phone : (305)893-8989
 Fax Number : (305)891-7717

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 SECRETARY OF STATE
 FALLAHASSE, FLORIDA

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

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 DORAL 888 LLC**

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

SEP 29 2021
 S. PRATHER

COVER LETTER

((H21000361392 3))

**TO: Registration Section
Division of Corporations**

SUBJECT: DORAI, 888 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:

Tony Pomprinya

Name of Person

Law Offices of Tony Pomprinya

Firm/Company

1555 NE 123 Street

Address

North Miami, FL 33161

City/State and Zip Code

NVC@miamidadelaw.net

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

For further information concerning this matter, please call:

Tony Pomprinya

305 893-8089

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DORAL 888 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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FALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/23/2020 and assigned
Florida document number L20000359799

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Jixue Mei	7451 NW 103 CT DORAL, FL 33178	<input checked="" 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
-----	-----	-----	<input type="checkbox"/> Add
-----	-----	-----	<input type="checkbox"/> Remove
-----	-----	-----	<input type="checkbox"/> Change
-----	-----	-----	<input type="checkbox"/> Add
-----	-----	-----	<input type="checkbox"/> Remove
-----	-----	-----	<input type="checkbox"/> Change

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

Lined area for amending information.

E. Effective date, if other than the date of filing: _____ (optional)
(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)
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 September 22, 2021

Signature of a member or authorized representative of a member

Luqing Huang
Typed or printed name of signee

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 SEP 28 PM 1:49

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