

Florida Department of State  
Division of Corporations  
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**L220003269188**

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
DORAL SHOPS LLC

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

C. BRUMBLEY  
SEP 23 2022

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2022 SEP 21 AM 9:52

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 SEP 21 PM 1:47

**H22000326918 3**  
**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

DORAL SHOPS 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 09/07/2022 and assigned  
Florida document number 1.22000390188.

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

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

**H22000326918 3**

H22000326918 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MALIAR SMOLARZ, TOMAS	PO BOX 155	<input checked="" type="checkbox"/> Add
		DANIA, FL 33004 FL	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	THE SML TRUST	PO BOX 155	<input type="checkbox"/> Add
		DANIA, FL 33004 FL	<input checked="" type="checkbox"/> Remove
			<input 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

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