

L22000 476005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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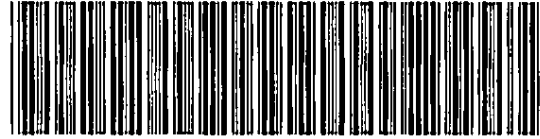
(Business Entity Name)

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2022 NOV 14 AM 8:56  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DORAL GARDENS GROUP 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:

Eduardo Antonio Triana  
Name of Person

Doral Gardens Group LLC  
Firm/Company

10137 Costa del Sol Blvd  
Address

Doral, FL 33178  
City/State and Zip Code

info@doralgardensgroup.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Annette Alcover at ( 786 ) 244-1604  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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

DORAL GARDENS GROUP 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 11/07/2022 and assigned Florida document number L22 000476005.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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:**

N/A

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

N/A

(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:

Eduardo Antonio Triana

New Registered Office Address:

10137 Costa del Sol Blvd

Enter Florida street address

Doral

Florida

33128

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.

[Signature]  
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>
<u>AMBR</u>	<u>Eduardo Triana</u>	<u>10137 Costadel Sol Blvd</u>	<input checked="" type="checkbox"/> Add
		<u>Doral, FL 33178</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Annette Alcover</u>	<u>10137 Costadel Sol Blvd</u>	<input checked="" type="checkbox"/> Add
		<u>Doral, FL 33178</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
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(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.

11/9/2022

Annette Alcover

Typed or printed name of signee

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

**L22000476005  
FILED 8:00 AM  
November 07, 2022  
Sec. Of State  
jafason**

**Article I**

The name of the Limited Liability Company is:

DORAL GARDENS GROUP LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

10137 COSTA DEL SOL BLVD  
DORAL, FL. 33178

The mailing address of the Limited Liability Company is:

10137 COSTA DEL SOL BLVD  
DORAL, FL. 33178

**Article III**

Other provisions, if any:

REAL ESTATE INVESTMENT GROUP

**Article IV**

The name and Florida street address of the registered agent is:

ANNETTE ALCOVER  
10137 COSTA DEL SOL BLVD  
DORAL, FL. 33178

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: ANNETTE ALCOVER

### **Article V**

The name and address of person(s) authorized to manage LLC:

Title: PRE  
ANNETTE ALCOVER  
10137 COSTA DEL SOL BLVD  
DORAL, FL. 33178

L22000476005  
FILED 8:00 AM  
November 07, 2022  
Sec. Of State  
jafason

### **Article VI**

The effective date for this Limited Liability Company shall be:

11/04/2022

Signature of member or an authorized representative

Electronic Signature: ANNETTE ALCOVER

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.