

01/28/2015 WE 14:08 P

Division of Corporations

L14000151633

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6363

#88691

From:

Account Name : FOWLER WHITE BURNETT P.A.
Account Number : 071250001512
Phone : (305) 789-9200
Fax Number : (786) 437-4609

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

Email Address: esalcedo@fowler-white.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DORAL 8232 LLC

Certificate of Status	0
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15 JAN 28 AM 10:00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

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1115000020870.3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Doral 8232 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:

Jeanne Fuentes Lopez

Name of Person

Fowler White Burnett, P.A.

Firm/Company

1395 Brickell Avenue, 14th Floor

Address

Miami, Florida 33131

City/State and Zip Code

esalcedo@fowler-white.com

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

For further information concerning this matter, please call:

Jeanne Fuentes Lopez

at (305) 789-9269

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

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850-817-6381

1/28/2015 12:50:20 PM PAGE 1/001 Fax Server



January 28, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FOLWER WHITE

SUBJECT: DORAL 8232 LLC
REF: L14000151633

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date must be specific and cannot be prior to the date of filing.

Amendment received on 1/27/15

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H15000020870
Letter Number: 215A00001661

RECEIVED
15 JAN 28 AM 10:00
BUREAU OF COMMERCIAL
INFORMATION SERVICES

P.O. BOX 6327 - Tallahassee, Florida 32314

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**ARTICLES OF AMENDMENT 2015 JAN 28 AM 8:10
TO
ARTICLES OF ORGANIZATION
OF**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Doral 8232 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 09/29/2014 and assigned Florida document number L14000151633.

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 end with 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)

8232 NW 30th Terrace

Miami, Florida 33122

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8232 NW 30th Terrace

Miami, Florida 33122

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:

Miguel A. Lopez

New Registered Office Address:

8232 NW 30th Terrace

Enter Florida street address

Miami

City

Florida 33122

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

H15000020870.3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

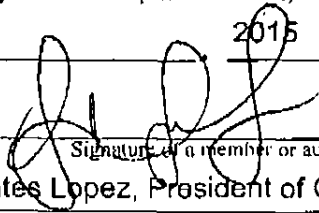
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: 01/28/2015 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 28 2015



Signature of a member or authorized representative of a member

Jeanne Fuentes Lopez, President of Corporate Management Inc, as Manager

Typed or printed name of signee

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Filing Fee: \$25.00

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2015 JAN 28 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA