

L09000046103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

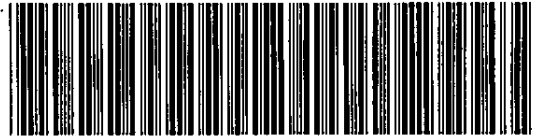
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

wrong form

Office Use Only



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04/24/15--01022--016 **35.00

2015 JUN 23 PM 4:07
STATE PART OF STATE
TALLAHASSEE, FL 32301

FILED

name change

K. SALY
EXAMINER
JUN 24 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 28, 2015

JOAO SANTOS
CONFIDENTIAL BUSINESS SERVICES, INC.
347 NEW RIVER DRIVE E, UNIT #2304
FORT LAUDERDALE, FL 33301

SUBJECT: CONTINENTE NETWORK LLC
Ref. Number: L09000046103

We have received your document for CONTINENTE NETWORK LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 915A00008617

RECEIVED
15 JUN 23 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CONTINENTE NETWORK, 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:

JOAO SANTOS
Name of Person

CONFIDENTIAL BUSINESS SERVICES, INC
Firm/Company

347 NEW RIVER DRIVE E. UNIT # 2304
Address

FORT LAUDERDALE, FL 33301
City/State and Zip Code

CONFIDENTIALBSERVICES@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOAO SANTOS at (786) 709-2031
Name of Person Area Code Daytime Telephone Number

RECEIVED
15 JUN 23 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED

2015 JUN 23 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CONTINENTE NETWORK, 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 Florida Dept. of State _____ and assigned Florida document number L09000048103

This amendment is submitted to amend the following:

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

CORAL COMPANY NETWORK, LLC

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: _____

201 ALHAMBRA CIRCLE SUITE 701

(Principal office address MUST BE A STREET ADDRESS)

CORAL GABLES, FL 33134

Enter new mailing address, if applicable: _____

201 ALHAMBRA CIRCLE SUITE 701

(Mailing address MAY BE A POST OFFICE BOX)

CORAL GABLES, FL 33134

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

2015 JUN 23 PM 11:01
 FILED
 STATE DEPARTMENT OF STATE
 ALL INFORMATION CONTAINED
 HEREIN IS UNCLASSIFIED

