## L12000128697

Office Use Only



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K. SALY MAR 1 0 2017

## **COVER LETTER**

TO:		tion Secti of Corpo					
CUDIE		Coral Haven 10112 Townhouse LLC					
SUBJE	CI:		Name of Lim	ited Liability Company			
The enc	losed Arti	cles of Ar	nendment and fee(s) are sub	mitted for filing.			
Please r	eturn all c	orrespond	ence concerning this matter	to the following:			
			Oscar M. Torres				
				Name of Person			
				Firm/Company			
			9782 SW 133 Terrace				
			Address				
			Miami, Fl 33176				
				City/State and Zip Code		<del></del>	
			Omome@att.net		***************************************	<u> </u>	
			·	to be used for future annual re	eport notification	)	
For furt	her inform	nation con-	cerning this matter, please ca	all:			
Oscar N	1. Torres			305 251- at ()	-9394		
		Name of P	erson	Area Code	Daytime Telep	hone Number	
Enclose	d is a chec	ck 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

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

2017 MAR -9 PM 3: 36
ALLAMASSEF, F, SAME

Coral Haven 10112 Townhouse LLC

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

(	J = 1 J/	- CARIC
The Articles of Organization for this Limited Liability Corlorida document number L12000128697	npany were filed on October 5, 2012	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	d liability company here:	
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u>SS)</u>	
	·	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register egistered agent and/or the new registered office address		ter the name of the
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street address	
<del></del>	, Florida	IZip Code
	City	" C 1

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>	Address	Type of Action
MGR	Alicia Herrero	8201 SW 31 St, Miami, FI 33155	
			Remove
			Change
MGR	Sergio Abreu	11203 SW 134 Ln, Miami Fl 33176	Add
			□ Remove
		·	Change
	Nachana and Add Add day for the San In		Add
			SECURE THAT Change PR 3: 30 Add 3: 3
			☐ Change
			Remove
			☐ Change
<del></del>			Add
			☐ Remove
			□ Change

Effective date, if other than the date of filing:							
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Filing Fee: \$25.00