

L04000034239

(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:

**L. SELLERS**

SEP 26 2008

**EXAMINER**

Office Use Only



400136204854

09/25/08--01047--008 \*\*25.00

FILED

08 SEP 25 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CORAL DEVELOPMENT, L.L.C.  
(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:

Anthony Desimone

(Name of Person)

Coral Development, LLC

(Firm/Company)

6462 NW 63rd Way

(Address)

Pompano Beach, FL 33067

(City/State and Zip Code)

For further information concerning this matter, please call:

Anthony Desimone

(Name of Person)

at ( 954 ) 609-3845

(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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

CORAL DEVELOPMENT, L.L.C.

(Present Name)  
(A Florida Limited Liability Company)


**FIRST:** The Articles of Organization were filed on 04/28/2004 and assigned  
document number L04000034239.

**SECOND:** This amendment is submitted to amend the following:

AS FOLLOWS: Change name of LLC to CORAL MEDICAL SYSTEM LLC

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated September 23, 2008.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Anthony Desimone

Typed or printed name of signee

Filing Fee: \$25.00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

08 SEP 25 AM 8:49

FILED