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G. MCLECD

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**EXAMINER** 

## **COVER LETTER**

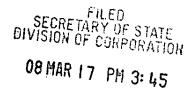
TO: Registration Section Division of Corporations					
SUBJECT: Coral Square LLC (Name of Limited Liability Company)					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Denyre d' Grady (Name of Person)  Ascendent Real Estate Group  (Firm/Company)  401 E has 0145 Blud Mite 130 #342  (Address)  Fort handerdale 71 33301  (City/State and Zip Code)					
For further information concerning this matter, please call:					
Deny Sc. D. Wally at (954) 767 · 455 6 (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$ Certificate of Status \$ Certificate of Status \$ Certificate of Status \$ Certified Copy (additional copy is enclosed)  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 Squa	re LLC.	
(Name of the Limited L (A F	iability Company as it now appears on lorida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab Florida document numberL05000121182	oility Company were filed on	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the New Haven Retail	) ( (	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company,"	the designation "LLC" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered office		records, <u>enter the name of the new</u>
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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member, being added or removed from our records:

	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
			Add Remove
	<del> </del>		Add Remove
			Add Remove
			Add Remove
D. If a	nending any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)	
	Mailing address: 401 E	Las 0143 Blod., Smite 130#342- landordale, 74 33301 U.S	<del></del>
	registered agent addressy 1	Fort handerdale, 7L 33301 US	342_
Dated _	Mark 14	2008	_
		nber or authorized representative of a member  Cally ped or printed name of signee	
	<b>4</b>	Page 2 of 2	

Filing Fee: \$25.00