

207000065273

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2018 OCT 29 PM 3:47

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11/13/18 DS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Coronado Land Investments, 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:

Malcolm P. Galvin III, Esq.

Name of Person

Galvin Law, PL

Firm/Company

390 North Orange Avenue, Suite 2300

Address

Orlando, FL 32801

City/State and Zip Code

mpg3@galvin-law.com

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

For further information concerning this matter, please call:

Malcolm P. Galvin III, Esq.

321
at (_____) _____

229-7455

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

FILED
FEB 29 2007

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

Coronado Land Investments, 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 June 21, 2007 and assigned
Florida document number L07000065273.

This amendment is submitted to amend the following:

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

(Not Applicable)

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:

5732 Canton Cove

(Principal office address MUST BE A STREET ADDRESS)

Winter Springs, FL 32708

Enter new mailing address, if applicable:

5732 Canton Cove

(Mailing address MAY BE A POST OFFICE BOX)

Winter Springs, FL 32708

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:

(Not Applicable)

New Registered Office Address:

5732 Canton Cove

Enter Florida street address

Winter Springs

Florida 32708

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>
AMBR	Vincenzo Giuliano	5732 Canton Cove	<input type="checkbox"/> Add
		Winter Springs, FL 32708	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Concetta Giuliano	5703 Red Bug Lake Road	<input type="checkbox"/> Add
		PMB-102	<input checked="" type="checkbox"/> Remove
		Winter Springs, FL 32708	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

(Not Applicable)

FILED
JUN 29 1967

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated October 26, 2018

MP6111

Signature of a member or authorized representative of a member

Malcolm P. Galvin III, Esq.

Typed or printed name of signee