

L09000024033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

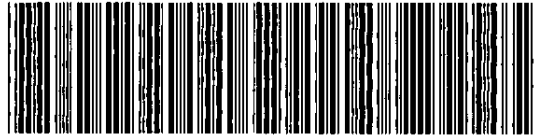
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09 APR 27 PM 12:58  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Culligan APR 28 2009

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Coral Enterprise 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:

Aimee Seifer  
(Name of Person)

(Firm/Company)

6913 Turtle Bay Terrace  
(Address)

Lake Worth FL 33463  
(City/State and Zip Code)

For further information concerning this matter, please call:

Aimee Seifer  
(Name of Person)

at 561, 304-1618  
(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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Coral Enterprise 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 March 11, 2009 and assigned  
Florida document number LD9000024033.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P O Box 540612  
Lake Worth FL 33454

**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:

Aimee Seifer

New Registered Office Address:

6913 Turtle Bay Terrace

(Enter Florida street address)

Lake Worth, Florida 33463

(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.

Aimee Seifer

(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:

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Diane Lawrence	4869 Poseidon Place Lake Worth Fl 33463	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Jeffrey Perusse	10513 marsh street Wellington, Fl 33414	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Thomas Lindquist	2773 Windamere Way Rockford IL 61109	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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

Dated April 21, 2009.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Diane Merklein Lawrence

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TALLAHASSEE FLORIDA

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