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(Re	equestor's Name)	<u></u>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	<u></u>
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J. SAULSBERRY EXAMINER

MAY 20 2011

COVER LETTER

Division of C				
SUBJECT:	Coral			
		nited Liability Company		_
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	pondence concerning this matte	er to the following:		
		Aimee Seifer		
		Name of Person		
		Firm/Company		_
		6913 Turtle Bay Ter		_
		Lake Worth Fl 33463	•	20 TAT
City/State and Zip Code			2011 MAY 19 SEGRETARY ALTAHASSE	
	•	nfo@coralelectric.com (to be used for future annual report	notification)	r ve
For further information	concerning this matter, please	call:		PM 3: 34 OF STATE
	Aimee Seifer of Person	at (<u>561)</u> Area Code & Da	729-0601 aytime Telephone Numb	· 宣居 公 per S
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 encl	Oscd) Certific	Filing Fee, cate of Status & ed Copy onal copy is enclosed)
MAILING ADDRESS:		STREET/CO	URIER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coral Ente (Name of the Limited Liability Compa (A Florida Limited	rprise LLC any as it now appears on our record Liability Company)	<u>ds.</u>)			
The Articles of Organization for this Limited Liability Company Florida document number <u>1-09000024033</u> .	y were filed on <u>03-11-2-00</u>	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lial	pility company here:				
The new name must be distinguishable and end with the words "Lim" L.L.C."	ited Liability Company," the designation	ation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	Barry Seifer				
(Principal office address MUST BE A STREET ADDRESS)	6913 Turtle Bay Ter	7 2			
	Lake Worth Fl 33463				
Enter new mailing address, if applicable:		HAY 19 RETARY AHASSE			
(Mailing address MAY BE A POST OFFICE BOX)		P. P. 197			
		3: 34 ORIDE			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		P .			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Flori				
	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:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> <u>Address</u> Type of Action 6913 Turtle Bay Ter **MGRM** Aimee Seifer Lake Worth, Fl. 33463 Remove 6913 Turtle Bay Ter MGRM_ Barry Seifer ✓ Add Lake Worth, Fl. 33463 Remove ☐ Add ☐ Remove \prod Add Remove \prod Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated ______ January 1 Signature of a member or authorized representative of a member Aimee Seifer
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00