

L09000046103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2015 JUN 23 PM 4:07  
STATE PART OF S.M.I.  
TALAMASSEE, FL 32000

FILED

name change

K. SALY  
EXAMINER

JUN 24 2015



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 28, 2015

JOAO SANTOS  
CONFIDENTIAL BUSINESS SERVICES, INC.  
347 NEW RIVER DRIVE E, UNIT #2304  
FORT LAUDERDALE, FL 33301

SUBJECT: CONTINENTE NETWORK LLC  
Ref. Number: L09000046103

We have received your document for CONTINENTE NETWORK LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 915A00008617

RECEIVED  
15 JUN 23 PM 12:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CONTINENTE NETWORK, 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:

JOAO SANTOS

Name of Person

CONFIDENTIAL BUSINESS SERVICES, INC

Firm/Company

347 NEW RIVER DRIVE E. UNIT # 2304

Address

FORT LAUDERDALE, FL 33301

City/State and Zip Code

CONFIDENTIALBSERVICES@GMAIL.COM

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

RECEIVED  
15 JUN 23 PM 12:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JOAO SANTOS

Name of Person

at ( 786 ) 709-2031

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**

FILED  
2015 JUN 23 PM 4:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CONTINENTE NETWORK, 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 Florida Dept. of State and assigned  
Florida document number L09000048103

This amendment is submitted to amend the following:

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

CORAL COMPANY NETWORK, LLC

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:

201 ALHAMBRA CIRCLE SUITE 701

(Principal office address MUST BE A STREET ADDRESS)

CORAL GABLES, FL 33134

Enter new mailing address, if applicable:

201 ALHAMBRA CIRCLE SUITE 701

(Mailing address MAY BE A POST OFFICE BOX)

CORAL GABLES, FL 33134

**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:

New Registered Office Address:

Enter Florida street address

City, Florida

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

FILED  
2015 JUN 23 PM 4:07  
U.S. DIST. CT. S.D.N.Y.  
FBI/DOJ ASSESS. PL 6000

**E. Effective date, if other than the date of filing:** 1st April, 2015 (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 22th of June 2015

João Santos  
Signature of a member or

Signature of a member or authorized representative of a member

**INCORPORATOR**

Typed or printed name of signee