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T. CLINE

OCT 13 2010

EXAMINER

## **COVER LETTER**

TO:      Registration Sect     Division of Corpe				
SUBJECT: ECO	REEF COR	ited Liability Company		•
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	CHET LL	SK		
		Name of Person	•	
	ECOREEF	CORALS, LLC		
		Firm/Company		
	371 RANI	DOLPH ROAD	TALL SEE	-17
		Address	- A C	Paramers Second
	YENICE, F	L 34293	20HO OCT 12 AM SEE FI	
		City/State and Zip Code		Spanner.
	CHEROFIC	TREFCORALS.Co	m	
For further information cor	ncerning this matter, please of	•	भा का क	
CHET LUSK		at(941) 375-139	·7	
Name of I	Person	Area Code & Daytime Tel		
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	d)

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

ECO REEF CORALS (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 <a href="#oge-9">O9</a> Florida document number 410000/00622 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) 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

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.

City

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 Name · **Type of Action** Title **Address** ☐ Add Remove ☐ Add Remove ☐ Add ☐ Remove Remove Remove lA₩ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

Chester V Luk

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00