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| (Re | equestor's Name) | | | |
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| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nan | ne) | | |
| (Document Number) | | | | |
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JUL -5 2011

EXAMINER



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COVER LETTER

| TO: Registration Section Division of Corporations | | | | | |
|---|---|------------------------------|--|--|--|
| EUDIECT. | VIOLET CORAL GATE, LLC | | | | |
| SUBJECT: | Name of Limited Liability Company | | | | |
| | Articles of Amendment and fee(s) are submitted for filing. | | | | |
| | EDUARDO MARZOL Name of Person | | | | |
| | VIOLET CORAL GATE, LLC Firm/Company | | | | |
| | 3347 FORREST DRIVE | | | | |
| | Address | | | | |
| | HOLLYWOOD, FL 33021 City/State and Zip Code | | | | |
| For further info | E-mail address: (to be used for future annual report notification) ormation concerning this matter, please call: | | | | |
| | EDUARDO MARZOL at (3.65) 3 4 3 - 3638 Name of Person Area Code & Daytime Telephone Numbe | | | | |
| Enclosed is a ch | Certificate of Status Certified Copy Certificate | te of Status & | | | |
| | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 (addition STREET/COURIER ADDRESS: Registration Section Division of Corporations Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | l Copy nal copy is enclosed) | | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| VI | OLET COR | AL GATE, LLO | C | |
|--|-----------------------------------|---|---------------------------|---------------------------|
| (Name of the Limited | Liability Comp Florida Limited | pany as it now appear d Liability Company) | rs on our records.) | |
| The Articles of Organization for this Limited L Florida document number L1100005 | | ny were filed on | 5/18/2011 | and assigned |
| 1 fortua document number | · | | | |
| This amendment is submitted to amend the foll | owing: | | | |
| A. If amending name, enter the new name o | f the limited lis | bility company her | <u>·e</u> : | |
| | N | /A | | |
| The new name must be distinguishable and end wi "L.L.C." | th the words "Li | mited Liability Compa | nny," the designation | 'LLC" or the abbreviation |
| Enter new principal offices address, if applic | able: | N/A | | |
| (Principal office address MUST BE A STREET ADDRESS | | | | 产品 🛨 |
| | | | | |
| | | | | Control of the second |
| Enter new mailing address, if applicable: | | N/A | | inc to the |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | 7° 3 11 |
| * | | | | 38 % |
| | | | | et i |
| B. If amending the registered agent and/ | | | our records, <u>enter</u> | the name of the new |
| registered agent and/or the new registered of | fice address he | ere: | | |
| | | | | |
| Name of New Registered Agent: | N/A | | | |
| New Registered Office Address: | | | | |
| | | En | ter Florida street ad | dress |
| , Florida | | | | |
| | | City | , 1 201 1444 | Zip Code |
| N | | | | |

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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------------------------------|--|----------------|
| MGR | EDUARDO MARZOL | EDUARDO MARZOL 3347 FORREST DRIVE HOLLYWOOD, FL 33021 | Add Remove |
| MGMR | MARCELO MARZOL | MARCELO MARZOL 3347 FORREST DRIVE HOLLYWOOD, FL 33021 | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | nding any other information, enter ch | ange(s) here: (Attach additional sheets, if necessa | ary.) |
| | | | |
| Dated | June 215+, 2 | 011 | |
| | - Eduardo | mber or authorized representative of a member May ZO May By May | |

Page 2 of 2

Filing Fee: \$25.00