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R. WHITE

COVER LETTER

TO:	Registration Sec Division of Corp			
cun	Koralfin, LI	.C		
SUB	IECT:	Name of Lim	ited Liability Company	
The e	nclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Pleas	e return all correspon	ndence concerning this matter	to the following:	
		Jeff Cynamon, Esquire		
			Name of Person	
		Law Offices of Jeff P. Cyn	amon, P.A.	
			Firm/Company	
		1700 - 79th Street Causewa	ay. Suite 160	
			Address	
		North Bay Village, Florida	33141	
		JCynamon@aol.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For fi	urther information co	oncerning this matter, please ca	all:	
Jeff (Cynamon, Esquire		305 535-9992	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclo	osed is a check for th	e 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 Fec, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

Koralfin, LLC		
(<u>Name of the Limited Liability Co</u>) (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on May 31, 2011	and assigned
Florida document number L11000063563		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited l</u>	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability 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	2	<u> </u>
		SE - 호, ·
		24
2.4 99 13 96		### 17 may 1.
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OF FICE BOX)		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	-	nter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	la
	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 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>	Type of Action
MGR	Brunacci, Carlo		
			□ Remove
		5850 S. Military Trail Lake Worth, FL 33463	■ Change
MGR	Reyes, Danceny		Add
		8650 Biscayne Blvd. El Portal, FL 33138	Remove
			■ Change
			D Add
			Remove
			☐ Change
			Remove
			Change
			Add
		Remove	
			☐ Change
			□ Remove
			□ Changa

II allik	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	September 20, 2019
Juild	11/2
	Signature of a member or authorized representative of a member
	Jeff Cynamon, Esquire Typed or printed name of signee