LILOOOIII

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

RST CORAL RIDGE 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:

CATHERINE R. SANGHERA

Name of Person

Firm/Company

618 SW 8 AVENUE

Address

FORT LAUDERDALE, FL 33315

City/State and Zip Code

CRSANGHERA@GMAIL.COM

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

For further information concerning this matter, please call:

KULBEER SANGHERA

Name of Person

, 954 **, 770-2093**

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)

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

Nome of the Limited Lieblith. Com		
(Name of the Limited Liability Com (A Florida Limite	ed Liability Company)	records.)
The Articles of Organization for this Limited Liability Compa	any were filed on 10/03/201	1 and assigned
Florida document number L11000112427		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and end with the words "L	imited Vishilia, Commun. 7 should	Janian HI I (7) and a shimming
"L.L.C."	imited Liability Company," the c	lesignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	1	
		The Comment
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		Ts P FF
		5m 5
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l	office address on our reco here:	rds, enter the name of the ne
		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	da street address
		, Florida
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ROBERT S. TINGLE	910 SUMMERBROOK LANE	Add
		SIGNAL MOUNTAIN, TN 3737	7 Remove
MGRM ———	MALINDA B. TINGLE	910 SUMMERBOOK LANE	Add
		SIGNAL MOUNTAIN, TN 3737	Remove
			Add
	· ·		Remove
			Add
		LL AR	Remove
<u></u>		TORIUM E. FLORIUM	Add
			_ Add
		·	Remove

). If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
•	
	•
ated	SEPTEMBER 5 2013
-	Catherin Sandrera
	Signature of a member of authorized representative of a member
	CATHERINE R. SANGHERA
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

13 SEP 12 AM 10: 40