

42000018923

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ASSOCIATED TAX CONSULTANTS GROUP, INC.
Account Number : I20110000056
Phone : (305)823-9292
Fax Number : (305)824-0703

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CORALIS CORPORATION

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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AUG 01 2013
D. BUTLER



July 24, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations
ASSOCIATED TAX CONSULTANTS GROUP

SUBJECT: CORALIS CORPORATION
REF: L12000018923

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TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must be signed by a member or an authorized representative of a member.

Please resubmit amendment changing name to add LLC suffix.

If you have any questions concerning the filing of your document, please call (850) 245-6952.

Deidre Butler
Regulatory Specialist II

FAX Aud. #: H13000162988
Letter Number: 913A00017934

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CORALIS CORPORATION

(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 02/08/2012 and assigned
Florida document number L12000018923

This amendment is submitted to amend the following:

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

CORALIS CO. LLC

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

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 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

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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>	<u>Address</u>	<u>Type of Action</u>
MGRM	LEON,ANIBAL	452 WEST 69 PLACE	<input checked="" type="checkbox"/> Add
		HIALEAH, FL 33014	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

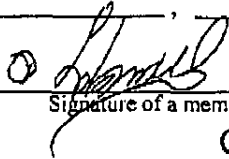
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____



Signature of a member or authorized representative of a member

CORALIS LEON

Typed or printed name of signee

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