L12000117984

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SECRETARY OF STATE

J. BRYAN

NOV - 8 2012

EXAMINER

COVER LETTER.

то:	Registration Section Division of Corpo			
SUBJE	CT:	CORONAI	DO DORAL, LLC	
00000			ted Liability Company	
The end	closed Articles of Ar	mendment and fee(s) are sub	omitted for filing.	
Please	return all correspond	lence concerning this matter	to the following:	
BART H. CHEPENIK				
			Name of Person	
		CHI	EPENIK TRUSHIN LLP	
			Firm/Company	4.0
	12550 BISCAYNE BLVD., SUITE 904		SECRETARY OF STATE	
			Address	
		NC	ORTH MIAMI, FL 33181	SEE
			City/State and Zip Code	
				58
			to be used for future annual report no	tification)
For fur	ther information con	cerning this matter, please c	call:	
	BART H	H. CHEPENIK	at (305)	981-8889
	Name of F	Person	Area Code & Dayt	ime Telephone Number
Enclos	ed is a check for the	following amount:		
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registrat Division P.O. Box	IG ADDRESS: ion Section of Corporations 6327 see, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive	porations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CORONADO	DORAL, LLO	<u> </u>
(Name of the Limited Liability Com (A Florida Limite	pany as it now apped Liability Company	ars on our records.)
The Articles of Organization for this Limited Liability Compa	ny were filed on	SEPT 14, 2012 and assigned
Florida document numberL12000117984		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company h	<u>ere</u> :
	:	
The new name must be distinguishable and end with the words "L" L.L.C."	imited Liability Com	pany, the designation LLC of the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	ASE SECTION TO
		LARE TO THE
		Sign of In
Enter new mailing address, if applicable:		- P P D
(Mailing address MAY BE A POST OFFICE BOX)		70
		18 8 59 59 59 59 59 59 59 59 59 59 59 59 59
B. If amending the registered agent and/or registered	office address or	our records enter the name of the new
registered agent and/or the new registered office address h		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
		Enter Florida 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.

	g the Managers or Managing Members of Managing Member being added or removed fro	s on our records, <u>enter the title, name, and add</u> m our records:	iress of each Manag
MGR = Ma MGRM = N	nnager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	HENRIQUE FERNANDEZ	5820 GLADSTONE STREET COLORADO SPRINGS, COLORADO 80906	Add O 7 Remove
MGRM	ANDREINA FERNANDEZ	5820 GLADSTONE STREET COLORADO SPRINGS, COLORAD 80906	Add O Remove
			Add Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar)	SEPRETARIES F
·			PH 1:59
	October 10, 20		
		or authorized representative of a member d or printed name of signee	

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Filing Fee: \$25.00