

U30066 07475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

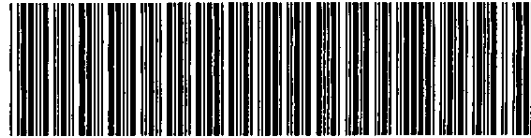
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 FEB 14 PM 12:46

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FEB 15 2013

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CORAL WAY CAPITAL, LLC (change to member's  
Name of Limited Liability Company Full name)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TIMOTHY REIMINK  
Name of Person

2525 SW 3<sup>rd</sup> Avenue #1010  
Firm/Company  
Address

MIAMI, FL 33129  
City/State and Zip Code  
treimink@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tim REIMINK at (812) 322-2252  
Name of Person Area Code & Daytime Telephone Number

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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)  
☐ \$60.00 Filing Fee, 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**

Coral Way Capital, LLC

(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 1/14/13 and assigned  
Florida document number 413000007475

This amendment is submitted to amend the following:

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

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)

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**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

, 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

**MGR = Manager**  
**MGRM = Managing Member**

<p><u>MGRM. TIMOTHY REIMINK</u></p> <p>↓</p> <p>(Just changing from "Tim" to "Timothy")</p>	<p><u>2525 SW 3<sup>rd</sup> Avenue</u> <input checked="" type="checkbox"/> Add</p> <p><u>Apt. 1010</u> <input type="checkbox"/> Remove</p> <p><u>MIAMI, FL 33129</u> <input type="checkbox"/></p>
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↓  
(Just changing from  
"Tim" to "Timothy")

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TALLAHASSEE, FLORIDA

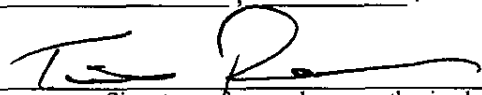
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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 2/11/13

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
TIMOTHY REIMINK  
\_\_\_\_\_  
Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**