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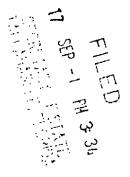
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D. SCOTT SEP 5 2017

COVER LETTER

	istration Sec ision of Corp			
CHRIPAR	Coral Gate H	oldings LLC		
SUBJECT:		Name of Lin	nited Liability Company	·
The enclosed	Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return	all correspond	dence concerning this matter	to the following:	
		Luis Maitin		
			Name of Person	
			Firm/Company	
		7500 NW 25th Street, Suit	e 207	
			Address	
		Miami, FL 33122	City/State and Zip Code	
		luis@tri-systemsgroup.com		
		E-mail address: (to be used for future annual report notific	cation)
For further in	formation con	cerning this matter, please co	all:	
Luis Maitin			786 586-6135	- o 4
	Name of F	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
\$ 25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Gate Holdings LLC			
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 1300019541	y were filed on 2/7/2013	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ollity company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:	7500 NW 25th Street		
(Principal office address MUST BE A STREET ADDRE	Suite 207		
	Miami, FL 33122		
Enter new mailing address, if applicable:	7500 NW 25th Street		
(Mailing address MAY BE A POST OFFICE BOX)	Suite 207		
	Miami, FI, 33122	·	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	ffice address on our records, enter	the name of the new	
Negastered Office Addiess.	Enter Florida street address	13-5	
	, Florida	Zip Code Co	
New Registered Agent's Signature, if changing Registered Agent:		양류 살	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as public being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am jorovided for in Chapter 605, F.S. Or.	familiar with and if this document is	

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

Title	Name	Address	Type of Action
MGR	Beata Maitin	19615 NW 83 Place	
	:	Hialeah, FL 33015	■ Remove
		-	□ Change
<u></u>			DbA □
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	8/20/2017
ffective	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
<u>lote:</u> If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
ocumen	I's effective date on the Department of State's records.
	I's effective date on the Department of State's records.
e recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
THE S	out day after the record is filed.
l	August 20, 2017.
vated	7105
	G) 1/1 Than
	2 1/011 / / / / / / / /

Page 3 of 3

Filing Fee: \$25.00