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	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
PiCk-U-	MAIL MAIL
	(Business Entity Name)
	(Document Number)
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№ 115 N CALHOUN ST., STE. 4
 TALLAHASSEE, FL 32301
 № 866.625.0838
 № 866.625.0839
 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	03/04/2021	
	Chris Vick	
Reference #:	4226274	<del></del>
Entity Name:	CORAL WA	AY MULTIFAMILY, LLC
Article	s of Incorporation/Authoriza	ion to Transact Business
✓ Ameno	dment	
☐ Chang	e of Agent	
☐ Reinst	atement	
☐ Conve	rsion	
☐ Merge	r	
☐ Dissol	ution/Withdrawal	
☐ Fictitio	us Name	
Other_		
Authorized Al	mount: / \$25.00	



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:03	/04/2021	
Name:	Chris Vick	
Reference #:	1336271	
Entity Name:	CORAL WA	Y MULTIFAMILY, LLC
☐ Articles o	f Incorporation/Authorizat	on to Transact Business
✓ Amendm	ent	
Change o	of Agent	
☐ Reinstate	ement	
Conversion	on	
Merger		
☐ Dissolution	on/Withdrawal	
Fictitious	Name	
Other		
Authorized Amo	unt \$25.00	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	IULTIFAMILY, LLC		
( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appeared Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Compa		04/01/2014	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company he	ere:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			QD.
Enter new mailing address, if applicable:		; è	2021
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our r	ecords, enter the na	me of the new register
Name of New Registered Agent:			,, <u> </u>
New Registered Office Address:	Enter Flor	rida street address	
		Principal i	
<del></del>	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 605, 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Sixto J. Marquez	825 Brickell Bay Drive	
		Ste 1846	≣Remove
		Miami, FL 33149	
			🖸 Add
			□Remove
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

). If amending any oth	her information, enter change(s) here: (Attach additional sheets, if necessary.)
÷ <del>-</del>	
- <del></del>	
<del></del>	
	<del></del>
(If an effective date is liste Note: If the date inser	ther than the date of filing:
the record specifies a del cord is filed.	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated March 3	, 2021
	Signature of a member of Mathorized representative of a member
	Carlos I. Aguilar  Typed or printed name of signce

Filing Fee: \$25.00