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AUG 2 7 2015 S. YOUNG

COVER LETTER

TO: Registration Sect Division of Corpo				
SUBJECT: <u>468</u>	Corcl Group, L Name of Lim	L C ited Liability Company		
The enclosed Articles of Ai	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	lence concerning this matter	to the following:		
	David Lopes	Name of Person		
	hodon LAW,	PLLC Firm/Company		
	201 Alhambr	Address FL 33/34 City/State and Zip Code LAW. COM to be used for future annual report notifi	04	FILED 15 AUS 28 PM 3: 29 870年10年 - 194年
For further information con	cerning this matter, please ca	all:		
DGVID LopeZ Name of F	erson	at (305) 445 - Area Code Daytime	999 (Telephone Number	3 29 10 10
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 Certificate o Certified Co (additional copy	f Status & py

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

468 Coral Group, LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were file	d on $\frac{6/10/2015}{}$ and assigned
Florida document number <u>L 15000 10 1 487</u> .	, ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	ि हैं कि
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	NE
	出产 二
	200
B. If amending the registered agent and/or registered office add	ress on our records, enter the name of the ne
registered agent and/or the new registered office address here:	121 CO
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 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 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 <u>Title</u> Name **Address Type of Action** MGR Juan Luis Mantilla 1825 Ponce De Leva Blad. Svile 345 Coral Gabler, FL 33134 Ricardo Mantilla MGR 1825 Ponce De Leon Blyd Suite 345 ☐ Remove Coral Coabler, FL 33134 Change _____ Add _□ Remove Remove M _ 🗖 Change □ Add ☐ Remove □ Change □ Add ☐ Remove

□ Change

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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior te: If the date inserted in this block does not meet the applicament's effective date on the Department of State's records	able statutory filing	e than 90 days after fill requirements, this d	ing.) Pursuant to 605.02 ate will not be listed
record specifies a delayed effective date, but no he 90th day after the record is filed.	et an effective tir	ne, at 12:01 a.n	n÷on the earlier
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Typed or printed name of signee

Filing Fee: \$25.00