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COVER LETTER

TO: Registration Security Division of Cor				
SUBJECT:	LORAL REEF PI	GINTING LLC		
SUBJECT.		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	KEITH	INMAN		
		Name of Person		
	CORAL R	EEF PAINTING LLC	-	
		Firm/Company		
	125 HIZ	DEN COURT ROAD		
		Address		Sign.
	HOLLY	WOOD, FL 33023 City/State and Zip Code	-	JAN 17 AM
		•		- 25 25 25 25 25 25 25 25 25 25 25 25 25 2
	Kinma	an65@ yahoo.com to be used for future annual report notif	·	T Migh
	·	·	ication)	# F.
For further information c	oncerning this matter, please ca	all:		8: 07
KEITH	INMAN	at (954) 347 - Area Code Daytime	7735	7
Name o	f Person	Area Code Daytime	: Telephone Number	
Enclosed is a check for the	ne following amount:			
\$25,00 Filing Fee		□ \$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 REFF	PAINTIN	IG, LLC		
(Name of the Limited I	<u>Liability Compan</u> Florida Limited Li	y as'it now appears on ability Company)	1 our records.	
The Articles of Organization for this Limited Liabi	lity Company v	were filed on <u>/2</u>	127/2016	and assigned
This amendment is submitted to amend the followi	ng:			
A. If amending name, enter the new name of th	e limited liabil	ity company here:		
The new name must be distinguishable and contain the word	s "Limited Liabilit	ry Company," the desig	nation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicabl	e:			ESS.
(Principal office address MUST BE A STREET A	(DDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>·x)</u>			7 AM 8: 07
B. If amending the registered agent and/or registered agent and/or the new registered office			ır records, <u>enter</u>	the name of the new
Name of New Registered Agent:	KEITH	- INMAN		
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 **Title** Name <u>Address</u> **Type of Action** HIDDEN COURT ROAD KEITH NAMAN AMBR HOLLYWDOD, FL 33023 ☐ Remove Change MGR GAIL NMAN 125 HIDDEN COURTROAD □ Add HOLLYWOOD, FL 33023 ☐ Remove Change □ Add □ Remov □ Change □ Add □ Rengove Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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	d specifies a delay th day after the r			e, but no	ot an eff	ective tim	e, at 12:	01 a.m. c	n the earli	er of:
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Filing Fee: \$25.00