L170000 83308

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		ed Liability Company	
	mendment and foots) are subm		
Lagresanon	mendment and rects) are suon	nitted for filing.	
i correspon	dence concerning this matter to	o the following:	
	MATTHEW PERLMAN		
		Name of Person	
	CORAL 221 LLC		
		Firm/Company	
	1314 E. LAS OLAS BLVD	#1205	
	PORT LAUDEDDALE EL	Address	
	FORT LAUDERDALE, FL	. 33301	
	MPTWO@AOL.COM	City/State and Zip Code	
	E-mail address: (te	o be used for future annual report notific	ration)
ormation co	ncerning this matter, please ca	II:	
ERLMAN		954 816-3330	
Name of	Person	Area Code Daytime	Telephone Number
heck for th	e following amount:		
ing 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)
	PERLMAN Name of	FORT LAUDERDALE, FL MPTWO@AOL.COM E-mail address: (to primation concerning this matter, please can be presented by the concerning this matter, please can be presented by the concerning this matter, please can be presented by the concerning this matter, please can be presented by the concerning this matter, please can be presented by the concerning this matter, please can be presented by the concerning this matter, please can be presented by the concerning this matter, please can be presented by the concerning this matter, please can be presented by the concerning this matter, please can be presented by the concerning this matter, please can be presented by the concerning this matter, please can be presented by the concerning this matter, please can be presented by the concerning this matter, please can be presented by the concerning this matter, please can be presented by the concerning this matter, please can be presented by the concerning this matter, please can be presented by the concerning this matter, please can be presented by the concerning this matter.	City/State and Zip Code MPTWO@AOL.COM E-mail address: (to be used for future annual report notific permation concerning this matter, please call: PERLMAN Name of Person Area Code Daytime Check for the following amount: ling Fee Certificate of Status City/State and Zip Code MPTWO@AOL.COM B-mail address: (to be used for future annual report notific Area Code Daytime Status Certified Copy

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**

ARTICI	TO	
ARTICL	ES OF ORGANIZATION OF	2019 3 Pil 2:47
CORAL 221 LLC		Pila.
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our recorda Limited Liability Company)	<u>(rds.)</u>
The Articles of Organization for this Limited Liabilit Florida document number L17000083308	y Company were filed on 4/13/17	and assigned
This amendment is submitted to amend the following	;:	
A. If amending name, enter the new name of the	imited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		.
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office:		rds, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street add	
	<u>Cit</u> v.	Florida Zip Code
New Registered Agent's Signature if changing Regist	,	·

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>	<u>Name</u>	Address	Type of Action
MGR	MATTHEW PERLMAN	1314 E. LAS OLAS BLVD., #1205, FT. LAUD., FL 33301	Add
			Remove
	MATTHEW PERLMAN LIVING TRUST DATED APRIL 24, 2018,		Change
AMBR	C/O MATTHEW PERLMAN, TRUSTEE	1314 E. LAS OLAS BLVD., #1205, FT. LAUD., FL 33301	Add
			☐ Remove
			□ Change
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fan efi Note:	date, if other than the date of filing:
The	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o Oth day after the record is filed.
Dated	3.281.19
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

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