

**L17000087166**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

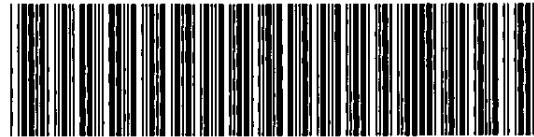
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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17 MAY -1 PM 4:43  
TALLAHASSEE, FLORIDA

MAY 03 2017

Y SULKER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Coral Massage LLC  
Name of Limited Liability Company

✓ The enclosed Articles of Amendment and fee(s) are submitted for filing.

✗ Please return all correspondence concerning this matter to the following:

Gudi Teske  
Name of Person

Coral Massage LLC  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

✓ For further information concerning this matter, please call:

✓ Craig Teske at (305) 793 9099  
Name of Person Area Code Daytime Telephone Number

✓ 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 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**

\_\_\_\_\_  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/19/17 and assigned  
Florida document number L17000087166

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

☒ The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

☒ Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

116 NE 97th St  
Miami Beach FL 33178

☒ Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

☒ B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

☒ 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

yes

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>	<u>Address</u>	<u>Type of Action</u>
✓ MGR Manager	Guoli Chen Jeske	116 NE 97 <sup>th</sup> St Miami FL 33138	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
✓ AMBR Sales	Craig Jeske	116 NE 97 <sup>th</sup> St Miami FL 33138	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

17 MAY - 1 PM 4:15 PM  
RECEIVED  
FLORIDA

17 MAY -1  
SUNNYSIDE

17 MAY -1 PM 4:10  
FBI  
Filing.) Pursuant to 605.0

✓ Dated 4/25/17, \_\_\_\_\_

Craig Teske  
Typed or printed name of signee