

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L1700087226

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000148147 3)))



H170001481473ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : THERREL BAISDEN, LLP.
 Account Number : I20140000065
 Phone : (305)371-5758
 Fax Number : (305)371-3178

2017 JUN -1 AM 10:15
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

FILED

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: MHasner@Therrelbaisden.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 CORAL GATE 6960, LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

2017 JUN -1 PM 4:15

TALLAHASSEE FLORIDA

JUN 02 2017
J. HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CORAL GATE 6960, 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:

MARK M. HASNER

Name of Person

THERREL BAISDEN, LLP

Firm/Company

1 SOUTH EAST THIRD AVENUE, SUITE 2950

Address

MIAMI, FLORIDA, 33131

City/State and Zip Code

MHASNER@THERRELBAISDEN.COM

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

For further information concerning this matter, please call:

MARK M. HASNER

305 371-5758

Name of Person

at ()
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

H170W148141 2

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CORAL GATE 6960, LLC

(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 APRIL 19, 2017 and assigned Florida document number L17000087226

This amendment is submitted to amend the following:

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

ANDALUSIA 6200, LLC

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)

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

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 Changing Registered Agent, Signature of New Registered Agent

H170W148147 3

FILED 2017 JUN -1 AM 11:15 SECRETARY OF STATE TALLAHASSEE FLORIDA

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	Address	Type of Action
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

2017 JUN -1 10:15
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

FILED

H17000148147 3

