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	egistration Sectivision of Corp			•
SURIFCT	. CORAL REAL	ESTATE GROUP, LLC (dba) CORAL	_ GROUP	
Bobyne i	•	Name of Limi	ted Liability Company	
		mendment and fee(s) are submence concerning this matter t		
			AUDREY HUYNH	
			Name of Person	
			CORAL REAL ESTATE GROUP, LLC	
			Firm/Company	
			1070 MONTGOMERY RD #2052	
			Address	
			ALTAMONTE SPRINGS, FL 32714	
			City/State and Zip Code	
		E mail addraws: ()	AUDREY@CORALREI.COM to be used for future annual report notif	ication)
Can finelina	in formation as	·	·	icaciony
POF TURINER	ппогнацов со	ncerning this matter, please ca		
AUDREY HUYNH		949 424-3784 at ()		
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed i	s a check for the	e 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

CORAL REAL ESTATE GROUP, LLC	
(Name of the Limited Liability Company of (A Florida Limited Liab	as it now appears on our records.)
The Articles of Organization for this Limited Liability Company we lorida document number	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here:
he 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:	<u> </u>
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
_	
	. 69 :
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter the name of the
Name of New Registered Agent:	. 🛈
The state of the s	
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 Type of Action **Address** Title Name □ Add ☐ Remove _□ Change ____ Add _□ Remove _____ Change _D Add _☐,Change _ DbA ⊡_ Ç:) ₽ Remove ___ Change _ □ Add ☐ Remove ___ Change _D Add □ Remove _____ Change

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an effective date is listed, the date mote: If the date inserted in this	nust be specific and	cannot be prior to	date of filing or i	nore than 90 days.	after filing.)	Pursuant to 60 vill not be lis
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record specifies a delay The 90th day after the re			an effective	time, at 12:0)1 a.m. o	n the earl
OCT, 27		2017				
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Typed or printed name of signee

Filing Fee: \$25.00