## 118000118132

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO:	Registration Se Division of Cor	ection porations			
SUBJEC	Coralmira l C <b>T</b> :				
			ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing		
Please re	aturn all correspo	ondence concerning this matter	to the following:		
		Edgard Zambrano, MBA			
Name of Person					•
		The Genesis Firm LLC			Shone Number  Shone Number  Shone Number  Certificate of Status & Certificate of Status & Certified Copy cadditional copy is enclosed)
Firm/Company					
3105 NW 107th Avenue STE 400-E4			ە <u>سىر</u> ئىسىرىنى ئادى		
			Address		· /
		Doral, Ft. 33172			س زین 1 پ
			City/State and Zip Code		umber  00 Filing Fee, rithcate of Status & rithed Copy litional copy is enclosed)
		ed@thegenesistirmllc.com	to be used for future annual re	most notification	
For furth	er information ed	oncerning this matter, please e		y we introduced	) - ) -
Edgard 7	Zambrano, MBA			-7741	
	Name of	f Person	Area Code	Daytime Telephone Number	
Enclosed	Lis a check for th	re following amount:			
₩ \$25.0	00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificat sed) Certified	te of Status & Copy
		ING ADDRESS: ution Section	STREET/ Registratio	COURIER ADDRESS: on Section	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coralmira LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) inted Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L18000118132</u>	ipany were filed on 05/10-18	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	I liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
		;=;
		1
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		 თ
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, <u>s</u> <u>s here</u> :	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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 firther 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. Thereby 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>	Name	Address	Type of Action
MGR	Maria D Ruiz	2320 E Preserve Way Unit# 203	
		Miramar, FL 33025	Remove
			□ Change
MGR	Javier Martinez Ruiz	2320 E Preserve Way Unit# 203	<b></b> Add
		Miramar, FL 33025	_ Remove
			Change
			Change
	<u> </u>	<del></del>	\(\frac{1}{2}\) \(\frac{1}\) \(\frac{1}{2}\) \(\frac{1}{2}\) \(\frac{1}{2}\) \(\frac{1}{2}\)
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11/20/18		
fective date, if other than the date of filing:	(optional) e of filing or more than 90 days after filing.) Pursuant to	605,020
nte: If the date inserted in this block does not meet the applicable segment's effective date on the Department of State's records.	statutory filing requirements, this date will not be	fisted a:
,		
record specifies a delayed effective date, but not an	effective time, at 12:01 a.m. on the ea	rlier o
The 90th day after the record is filed.		
November 20th 2018		
ated Hers	SIGN HERE	
	. 20	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00