118000 136021

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500314939485

06/27/18--01017--023 **60.00

, , EGGETT JUN 28 2018

COVER LETTER

TO:	Registration Se Division of Cor			
	Coral Lake			
SUBJE	:CT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Daniel Resnick		
			Name of Person	
		Res Entertainment, Inc.		
			Firm/Company	
	Daniel Resnick Name of Person Res Entertainment, Inc.			
			Address	
	•	Morristown, NJ 07960		
			City/State and Zip Code	
		-		
		E-mail address: (to be used for future annual report notific	ation)
For fun	ther information c	oncerning this matter, please ca	all:	
Daniel	Resnick, Esq.		973 368-4387 at ()	
-	Name o	f Person	Area Code Daytime	Felephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$25	5.00 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:

TO:

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 Lake, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	y Company as it now appears on our rec Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C Florida document number	ompany were filed on May 31, 2018	and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limi	ted liability company here:	
Coral Lake Properties, LLC		
he new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	r (n
		1.
Inter new mailing address, if applicable:		::
Mailing address MAY BE A POST OFFICE BOX)		
		; 60
		ه
If amending the registered agent and/or registered agent and/or the new registered office additional Name of New Registered Agent:	tered office address on our reco ress here:	ords, <u>enter the name of the</u>
New Registered Office Address:	Enter Florida street ade	dress
	_	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 = -N $AMBR = A$	lanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			Change
			☐ Remove
			□ Change
			Remove
			Change
			Remove
			Change
			☐ Remove
			□ Change
		·	
			☐ Remove
			Change

			<u> </u>					
				<u> </u>	<u> </u>			
						···		
	_							
				·			11	
-								
						<u> </u>		
		 						
							- .	
		<u> </u>						<u></u>
			<u> </u>	= .				
								.
			<u>-</u>					G)
	<u> </u>		_ 		·			
		<u>-</u>	<u> </u>	<u>-</u> .			 	
oetivo e	date if other:	than the date (of filing:			(entid	onal)	
<u>te:</u> If th	he date inserted	than the date one date must be specific this block do on the Departm	es not meet th	ie applicable st	of filing or more atutory filing re	than 90 days after quirements, this	filing.) Pursuan s date will not	t to 605.020 be listed a
record he 901	d specifies a th day after	delayed effecthe record is	ctive date, filed.	but not an	effective tim	e, a t 12:01 a	a.m. on the	earlier o
ed		*		· ·				
	·	\sim						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00