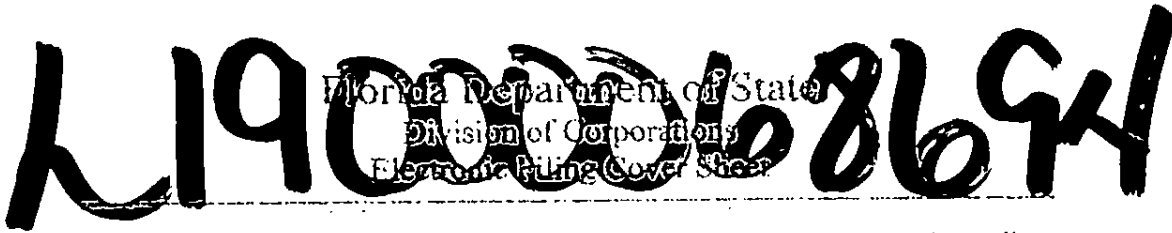


H190001206713



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.

((H190001206713))



H190001206713A9C

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 : POWELL, JACAMAN, STEVENS & RICCIARDI, P.A.
Account Number : 128170000034
Phone : (239)689-1096
Fax Number : (239)791-8132

2019 APR 12 PM 12:08
RECEIVED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

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

Email Address: lego@your-advertisers.org

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CORAL SUNRISE PROPERTIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

10:11:11 AM 4/12/19

Handwritten signature and date 4/15/19

H190001206713

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CORAL SUNRISE PROPERTIES, 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:

RITA JACKMAN

Name of Person

Firm/Company

12381 S. CLEVELAND AVE, STE 200

Address

FORT MYERS, FL 33907

City/State and Zip Code

LEGAL@YOUR-ADVOCATES.ORG

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

APPROVED
AND
FILED
2019 APR 12 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

RITA JACKMAN

239

689-1096

at ()

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

H190001206713

H190001206713

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>
AMBR	MARKUS BEISLER	KETTENWEG 19	☒ Add
		ZUELPICH, DE 53909	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

APPROVED
 AND
 FILED
 2019 APR 12 PM 5:08
 NOTAR PUBLIC
 JALDIHNS

H190001206713

H190001206713

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

APPROVED
AND
FILED
2019 APR 12 PM 12:08
CLERK OF SUPERIOR COURT
JANUARY 1, 1910

E. Effective date, if other than the date of filing: _____ (optional)

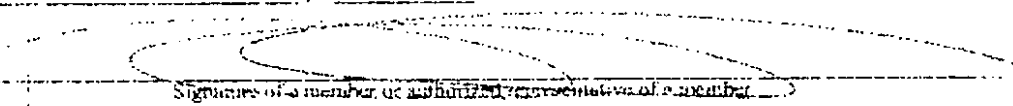
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated APRIL 11 2019


Signature of a member or authorized representative of a member
Rita Jackson
Typed or printed name of signer

H190001206713