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COVER LETTER

TO: Registration Section

Division of Co	orporations				
	Coronado, PLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following.			
	Robert Coronado				
		Name of Person			
	Robert A Coronado LLC				
		Firm/Company	20000		
	11644 SW 53rd PL				
		Address		ર 20	
	Cooper City, FL 33330			21 JUN	,
	reoronadohomes@gmail.co	City/State and Zip Code om		2021 JUN -2 PH 3: 40	1 1
	E-mail address: (to be used for future annual report notif	fication)) P	
For further information	concerning this matter, please c	all:		3: 40	•
Robert Coronado		954 658-7890 at ()		, 	
Name	e of Person		e Telephone Number	_	
Enclosed is a check for	r the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &	
P.O. Box 6	n Section `Corporations	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Robert A Coronado, PLC

(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 08/05/2019

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This amending name, enter the new name of the limited liability company here:

Robert A. Coronado, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Enter Florida street address

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>	Type of Action
			Remove
			Change
		□Remove	
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lf an effe <u>Note:</u>	ve date, if other than the date of filing: (optional) ective 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 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
e record	d 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 ed.
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rd is file	June 2
rd is file	
rd is file	Signature of a member of authorized representative of a member

Filing Fee: \$25.00