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COVER LETTER

CORAL VI	IEW 2 LLC		
30b)EC1,	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Marcelo G Plou		
		Name of Person	
	CORAL VIEW 2 LLC		
	· · · · · ·	Firm/Company	
	3215 NE 184TH ST APT	14103	
		Address	
	AVENTURA, FL 33160		
	marceloplou@hotmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Marcelo G Plou		786 6331131 at ()	
Name o	T Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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 Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations

Mailing Address:

Registration Section Division of Corporations

TO:

P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CORAL VIEW 2 LLC

(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 06/29/2021 ____ and assigned Florida document number L21000300001 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 Office Address: Enter Florida street address

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.

City

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>	Address	Type of Action
MGR	OBREGON, MARIA A	3215 NE 184TH ST APT 14103	□Add
		AVENTURA, FL 33160	_ ≣Remove
		·	_ □Change
MGR	OBREGON, MARIANA A	3215 NE 184TH ST APT 14103	_ ≣ Add
		AVENTURA. FL 33160	_ □Remove
			_ Change
			_ □Add
		A	_ □ Remove □ □ □ □ □ Change □
		:	_ □Addl □ □ Addl □ □ Refmove
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