22000203977

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COVER LETTER

TO:

Registration Section Division of Corporations

CORALLO S.J INVESTMENTS LLC

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Sofia Lopez		
		Name of Person	
	CORALLO SU INVESTM	ENTS LLC	
		Firm/Company	
	9442 Nw 120 th St APT 42	4 BUILDING 13	
		Address	·
	HIALEAH GARDENS, P	.33018	
	SL@CORALLOROSSO.C	City/State and Zip Code OM	
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please ca	ıll;	
Sofia Lopez		786 329-9000	
	A.D.	at ()	ne Telephone Number
Name o	f Person	Area Code Daytii	me releptione Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<u>s:</u>	Street Address:	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

CORALLO S.J INVESTMENTS 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 Co	ompany wei	e filed on		and	assign	ied
Florida document number L22000203977	<u>_</u> .				_	
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limit	ted liability	company here:				
The new name must be distinguishable and contain the words "Limit	ted Liability C	ompany," the designation	"LLC" or the ab	breviation	"L.L.C	
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRI	ESS)				_	
Enter new mailing address, if applicable:	_					
(Mailing address MAY BE A POST OFFICE BOX)	_		· 			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office add	ress on our records, <u>e</u>	nter the <u>nam</u>	e of the	new r	egisterec
Name of New Registered Agent:				**:	20/2	
New Registered Office Address:	 	Enter Florida street a	nddr ess	- : - <u>-</u>	=======================================	
			_, Florida			后至
		City		Zip Co	der	بار کی خ
New Registered Agent's Signature, if changing Registered	l Agent:			: -	œ	C
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and coaccept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete per gent as prov	formance of my dutie ided for in Chapter (rs, and I am j 805, F.S. Or,	ree to co familiar if this de	with a ocume	ınd
	If Changing	Registered Agent, Signa	ture of New Re	gistered A	gent	_ .

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
AMB	Juliana Andrea Munoz	9442 NW 120TH STREET, APT 424 BUILDING 13 HIALEAH GARDENS, FL 33018	□Add
			□Remove
			Èihange
		 	
			□Remove
			□Change
			🗀 Add
			□Remove
			[]Change
			DAdd
			Remove
			□ Change
			□Add
			□ Remove
			□ Change
			□Add
			CJRemove
			ПСh

	-
,	
•	
	05-24-2022
Note:	ive date, if other than the date of filing:
he recor ord is fi	rd 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 led.
	May 24, 2022 05-24-22
Dated	Signature of a number or authorized representative of a member
	Signature of affinemore of anniopized representative of a method

. . . .

Filing Fee: \$25.00