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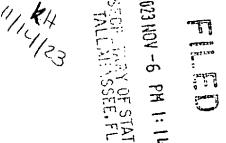
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COVER LETTER

TO: Registration Se Division of Cor	ction porations		·.		•
SUBJECT: <u>Co</u>	ral Kingdon E Name of Limit	Octonico ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.			
Please return all correspo	ndence concerning this matter t	o the following:			
	Frankl	Yn Conrect Name of Person			
	Coral	King Cham Orlan	nelo		
	4625 012 1	winter Coardon Address	Rd. 139		
		City/State and Zip Code			
	E-mail address: (to	be used for future annual repo	z (v) ort notification)		
For further information co	oncerning this matter, please cal	ll:		2023 I	= 23 = 3
Frenklin	Correa	() (101)	Lion Stolato	NO N	
Name of	E-mail address: (to encerning this matter, please call the concerning this matter).	Area Code E	Daytime Telephone Number	-6 PM	in the second
Enclosed is a check for the	e following amount:			ESTA :	_
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certified (of Status &	

Mailing Address:
Registration Section
Division of Corporations 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 Kingdon	n Orlando
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1230 803 0 365 7	were filed on 6/27/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Hoas Old winter Courden Rel. B9 Orlando FL 32811
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4625 Old winter Gurden Rd. B9 Orlando FL 32811 on B
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new registered
New Registered Office Address:	Enter Florida street address
	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.

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = Manager MBR = Authorized Member

$^{7}MRK = Vm$	morized Wember	<u>Address</u>	Type of Action
<u>`itle</u>	<u>Name</u>		[5]Add
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