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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

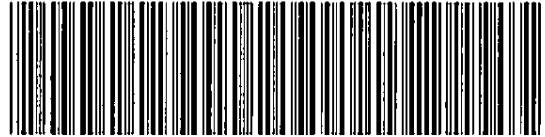
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

2023 NOV 29 AM 11:07

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coral Kingdom Orlando
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:

Franklyn Correa
Name of Person

Coral Kingdom Orlando
Firm/Company

4625 Old Winter Garden Rd
Address

Orlando FL 32811
City/State and Zip Code

Sales @ cko marine . com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Franklyn Correa at (407) 326-9666
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 Address:

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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Coral ~~Kingdom~~ Kingdom Orlando 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 June 23, 2023 and assigned Florida document number L23000303607.

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 "L.L.C."

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:

Franklyn Correa

New Registered Office Address:

4625 Old Winter Garden Rd
Enter Florida street address

Orlando

City

Florida

Zip Code

NOV 29 AM 11:07
STATE OF FLORIDA

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.

If Changing Registered Agent, Signature of New Registered Agent

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>
MGR	Franklyn Correa	4625 ⁸⁶ Coral Kingdom Orlando	<input type="checkbox"/> Add
		4625 Old Winter Garden Rd	<input type="checkbox"/> Remove
		Orlando, FL 32811	<input checked="" type="checkbox"/> Change
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SEP 11 2023
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FL
FBI

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(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)

2023 NOV 29 AM 11:08
Filing Pursuant to 605.0207
date will not be listed as

Dated November 24, 2023

Franklyn Correa

Typed or printed name of signee