# M23000003995

(Red	questor's Name)	
(Add	dress)	
(Ado	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
l		

Office Use Only



900418425109

2023 DEC -4 AM 10: 24

TED

23 OEC -4 PH-23 8

## **CT CORP**

#### (850) 656- 4724 3558 lakesore Drive Tallahassee, FL 32312

wie SW

12/04/2023

Date:

	Acc#I20160000072	
Name:	Coral R Gables Operations LLC	
Document #:		
Order #:	15247530	
Certified Copy of Arts & Amend:		
Plain Copy:		
Certificate of Good Standing:		
Certified Copy of		
Apostille/Notarial Certification:	Country of Destination:	
	Number of Certs:	
Filing:	Certified: 🗸	Email Address for Annual Report Notifications:
	Plain:	
	cogs:	
Availability	]	_
Document	Amount: \$ 55.00	
Examiner		
Updater		
Verifier W.P. Verifier		
Ref#		
<del></del>		

Thank you!

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

### SECTION I (1-4 must be completed)

nter new principal office address, if applicable:	N/A	<del></del>	
Principal office address	-		
(UST BE A STREET ADDRESS)		2023 ALL	
		POZI DEC	
nter new mailing address, if applicable:  Aailing address		ASSE	
AY BE A POST OFFICE BOX)			
		S 20 C	
The Florida document number of this limited lia	ability company is: M2300000399	05 DA 24	
Jurisdiction of its organization: Delaware			
Date authorized to do business in Florida:	ch 28, 2023		
ECTION II (5-9 complete only the applicable			
New name of the limited liability company: N	/A		
(musi	t contain "Limited Liability Com	pany, ""L.L.C.," or "LLC.")	
name unavailable, enter alternate name adopted py of the written consent of the managers or man ust contain "Limited Liability Company," "L.L.C	naging members adopting the alte	rnate name. The alternate name	
If amending the registered agent and/or registere gistered agent and/or the new registered office ac	Idress here:	enter the name of the new	
me of New Registered Agent: N/A			
w Registered Office Address:			
	Enter Florida Street Address		
	City	, Florida Zip Code	
<del></del> -	Cuy	sip Code	

If Changing Registered Agent, Signature of New Registered Agent

. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:						
Title/ Capacity	/ Capacity Name Address		Type of Action			
AP David R. Betancourt	David R. Betancourt	1065 SW 8th Street PMB 5132		□Add		
		Miami, FL 33130		■Remove		
AP	Hector Covarrubias	1065 SW 8th Street PMB 5132		□Add		
		Miami, Fl. 33130		■Remove		
AP	Javier E. Flores-Cortes	1065 SW 8th Street PMB 5132		□Add		
		Miami, FL 33130		Remove		
AP	Ana L. Cardeno-Martinez	1065 SW 8th Street PMB 5132		≅Add		
		Miami, FL 33130		Remove		
				_ □Add		
		on the state of th		_ □Remove		
aforement	Signatu  Eduardo Mendoza  Typed o	en by the official having custody of revolv	TALLAHASSEE, FLORIDA	2023 DEC -4 AM 10: 24		