

M23 0000003999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

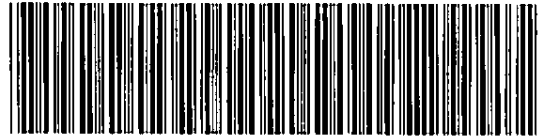
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Date: 12/04/2023
Acc#I20160000072

en: c DW

Name:	Coral R Gables Management LLC
Document #:	
Order #:	15247530

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>	Email Address for Annual Report Notifications: <div></div>
	Plain: <input type="checkbox"/>	
	COGS: <input type="checkbox"/>	

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
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Ref# _____

Amount: \$ **55.00**

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)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: CORAL R GABLES MANAGEMENT, LLC

Enter new principal office address, if applicable: N/A

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: N/A

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M23000003999

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: March 28, 2023

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: N/A
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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: N/A

New Registered Office Address:

Enter Florida Street Address

City, Florida 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.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

N/A

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

See attachment for additional changes

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	David R. Belancourt	1065 SW 8th Street PMB 5132	<input type="checkbox"/> Add
		Miami, FL 33130	<input checked="" type="checkbox"/> Remove
AP	Hector Covarrubias	1065 SW 8th Street PMB 5132	<input type="checkbox"/> Add
		Miami, FL 33130	<input checked="" type="checkbox"/> Remove
AP	Javier E. Flores-Cortes	1065 SW 8th Street PMB 5132	<input type="checkbox"/> Add
		Miami, FL 33130	<input checked="" type="checkbox"/> Remove
AP	Eduardo Mendoza	1065 SW 8th Street PMB 5132	<input type="checkbox"/> Add
		Miami, FL 33130	<input checked="" type="checkbox"/> Remove
MBR/ MGR	Zoila Del Hoyo Aguado Corp.	1065 SW 8th Street PMB 5132	<input type="checkbox"/> Add
		Miami, FL 33130	<input checked="" type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative
Eduardo Mendoza

Typed or printed name of signee

Filing Fee: \$25.00

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Continuation of

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

Title/Capacity	Name	Address	Type of Action
MBR/MGR	Ana L. Cardeno-Martinez	1065 SW 8th Street PMB 5132 Miami, FL 33130	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MBR/MGR	Eduardo Mendoza	1065 SW 8th Street PMB 5132 Miami, FL 33130	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove