

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Corab Holdings
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:

Roland S. Salloum

Name of Person

Firm/Company

515 North Flagler Drive, STE 350

Address

West Palm Beach, Florida 3401

City/State and Zip Code

R@Salloum.Legal

E-mail address: (to be used for future annual report notification)

2021 APR 10 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FL
2021 APR 10

For further information concerning this matter, please call:

Roland Salloum at (561) 351.2451
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

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

Conab Holdings

(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 10/4/2023 and assigned Florida document number L23000459063.

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)

515 North Flagler Drive

Suite 350

West Palm Beach, Florida 33401

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

515 North Flagler Drive

Suite 350

West Palm Beach, Florida 33401

SECRETARY OF STATE
2023 APR 10 AM 8:20
WEST PALM BEACH, FL

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, **Florida** _____

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.

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	Edward Brockschmidt	515 North Flagler Drive, STE 350	<input type="checkbox"/> Add
		West Palm Beach, Florida 33401	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	George Winder	515 North Flagler Drive, STE 350	<input type="checkbox"/> Add
		West Palm Beach, Florida 33401	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Roland Salloum	515 North Flagler Drive, STE 350	<input type="checkbox"/> Add
		West Palm Beach, Florida 33401	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
 TALLAHASSEE, FL
 2024
 APR 10 AM 8:20

