

108000111799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

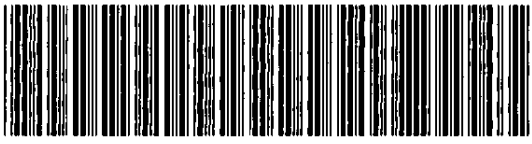
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

FEB 17 2010

MINER



900168470079

02/16/10--01011--017 \*\*60.00

DEED  
SECRETARY OF STATE  
DIVISION OF CONFIRMATION  
10 FEB 16 PM 1:53

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CEREBELLUM CAPITAL GROUP, LLC.  
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:

BORIS HORNJAK  
Name of Person

\_\_\_\_\_  
Firm/Company

1528 RAPHIS ROYAL BLVD  
Address

ENGLEWOOD, FL 34223  
City/State and Zip Code

bhornjake@stanfordalumni.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BORIS HORNJAK at (727) 423-5537  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

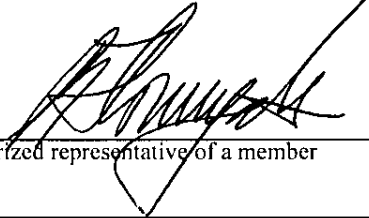
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**D.** If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated FEBRUARY 10, 2010.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
BORIS HORNJAK  
\_\_\_\_\_  
Typed or printed name of signee