

L110000075429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

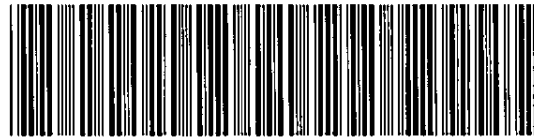
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/08/14--01001--015 **25.00

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14 JAN -7 PM 2:12
DIVISION OF CORPORATE

APPROVED
AND
FILED
14 JAN -7 PM 2:45
SEAL OF THE STATE
FLORIDA

JAN - 7 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Corbin Business Solutions

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:

Emmett Corbin

Name of Person

Corbin Business Solutions

Firm/Company

809 Kenilworth Rd

Address

Tallahassee, FL 32312

City/State and Zip Code

emmett@corbin solutions.com

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

For further information concerning this matter, please call:

Emmett Corbin

Name of Person

at (850)

Area Code

491-6277

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

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

Corbin Business Solutions, 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 29, 2011 and assigned Florida document number 211000075429

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 end with 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)

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TALLAHASSEE, FLORIDA

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:

Louie Co Smith

New Registered Office Address:

2511 Glover Rd Tallahassee, FL 32305

Enter Florida street address

Tallahassee

City

Florida

32305

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.

Louie Co Smith
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	Louie C. Smith	2511 Glover Rd.	☒ Add
		Tallahassee, FL 32305	☐ Remove
			☐ Add
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SEEKING
WITHIN
FLORIDA

14 JAN 77 PM 2:45

☐ Add

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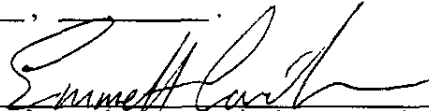
☐ Remove

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

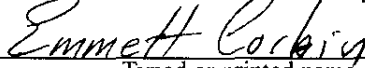
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated 1-5-2014



Signature of a member or authorized representative of a member



Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

STATE
WILMINGTON, FLORIDA

14 JAN -7 PM 2:45

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AND
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