

L15000044099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

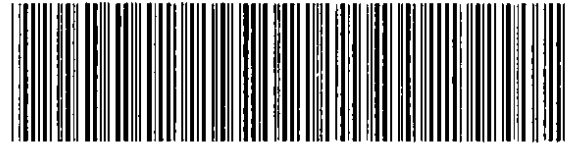
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Corbel Ventures  
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:

Hamil T. Konli

Name of Person

Corbel Ventures, LLC

Firm/Company

P.O. Box 940607

Address

Maitland, Florida 32794-0607

City/State and Zip Code

admin@corbeldesign.com

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

For further information concerning this matter, please call:

Hamil T. Konli

407

875-1872

at ( )

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**

Corbel Ventures, 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 02/27/2015 and assigned Florida document number L15000044099.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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)**

15313 Southern Martin St.

Winter Garden, FL. 34787

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

P.O. Box 940607

Maitland, FL. 32794-0607

**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:

Hamil T. Konli

New Registered Office Address:

15313 Southern Martin St.

*Enter Florida street address*

Winter Garden

*City*

Florida 34787

*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	Hamid T. Khanli	15313 Southern Martin St.	<input type="checkbox"/> Add
		Winter Garden FL. 34787	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Hamil T. Konli	15313 Southern Martin St.	<input checked="" type="checkbox"/> Add
		Winter Garden, FL. 34787	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

## None

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated July 19, 2023

Hamil Konli

**Filing Fee: \$25.00**