

L16000073162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

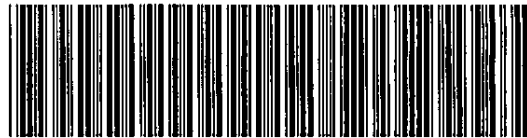
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 DEC -8 PM 1:48

DIVISION OF REGISTRATION

O SIMMONS
DEC 12 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Cormbd 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:

Jacqueline Hill

Name of Person

Cormbd LLC

Firm/Company

3473 Riverland Rd.

Address

Mauldin FL 33312

City/State and Zip Code

Jacqueline.BailBond@gmail.com

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

For further information concerning this matter, please call:

Jacqueline Hill

Name of Person

at

954

Area Code

657-5223

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**

Cormba LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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DIVISION OF REVENUE
TALLAHASSEE

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned

Florida document number 46000073162

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)

3473 RIVER 523 S. Andrews Ave
Fort Lauderdale FL 33301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3473 Riverland Rd.
Fort Lauderdale FL 33312

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:

Shirley Gambrell

New Registered Office Address:

523 S. Andrews Ave

Enter Florida street address

Fort Lauderdale Florida 33301

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.

Shirley Gambrell
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>
Ambr	Shmely Gambel	5235 Andrews Ave	<input checked="" type="checkbox"/> Add
		41644444 FL 3301	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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COURT
STATE OF FLORIDA

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

16 DEC -8 PM 1:48
DIVISION OF CONSUMER PROTECTION

FILED

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 prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

11/12/16

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Shirley Gambrell
Typed or printed name of signer

Typed or printed name of signee