L17000C88571

(Requestor's Name)
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(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration Solution of Con			
SUBJECT: Corbin E	intertainment LLC		
		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Julia A Corbin		
		Name of Person	
	Corbin Entertainment	LLC	
		Firm/Company	
	2809 Strand Loop Co	urt	
		Address	
	Oviedo, FL 32765		
		City/State and Zip Code	
	julia@corbinentertainm		
		to be used for future annual report noti-	tication)
For further information c	oncerning this matter, please co	all:	
Julia A Corbin		at (_407)_608-8391_	
Name o	f Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for the	ne 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 ENTERTAINMENT LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>L17000088571</u>	ompany were filed on 04/20/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		17 OST T 1
(Principal office address MUST BE A STREET ADDR	RESS)	
		m m
		P
Enter new mailing address, if applicable:		 ය
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office additional agent and/or the new registered office additional agent.		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida Zip Code
	City	гір Соас

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>	Address	Type of Action
MGR	Julia A Corbin	2809 Strand Loop Ct, Oviedo, FL 32765	[2] Add
			Remove
			Change
			🗀 Add
		<u></u>	Remove CI Change Add Remove
			:□ Refilove □ Change
			🗆 Add
			Remove
			Change
			Remove
			Change
			
			🗖 Remove
			□ Change

			
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Effective date, if other than the	he date of filing:	(opt	onal)
(If an effective date is listed, the date n Note: If the date inserted in this document's effective date on the	nust be specific and cannot be prior to da block does not meet the applicable Department of State's records.	ate of filing or more than 90 days afte statutory filing requirements, thi	r filing.) Pursuant to 605.0207 (2 s date will not be listed as th
the record specifies a delay) The 90th day after the re	ed effective date, but not ar ecord is filed.	n effective time, at 12:01	a.m. on the earlier of:
Dated October 6	, 2017		
	1 0		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00