

L19000043122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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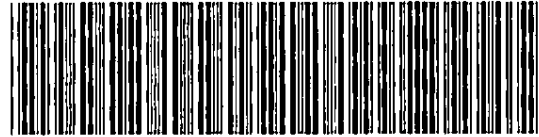
(Business Entity Name)

(Document Number)

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FILED  
2021 MAR -1 PM 10:25  
SECRETARY OF STATE  
TALLAHASSEE, FL

AB

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Corklin 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:

Robert Kennerney

\_\_\_\_\_  
Name of Person

Corklin LLC

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

308 East 5th St

\_\_\_\_\_  
Address

Sanford, FL 32771

\_\_\_\_\_  
City/State and Zip Code

throwbackssanford@gmail.com

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**FILED**

Corklin LLC

2021 MAR -1 PM 10:26

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

(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 02/19/2019 and assigned  
Florida document number L19000043122.

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:**

418 S. Sanford Ave, Sanford, FL 32771

**(Principal office address MUST BE A STREET ADDRESS)**

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

418 S. Sanford Ave, Sanford, FL 32771

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

**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:

New Registered Office Address:

*Enter Florida street address*

Florida

*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.*

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**

[illegible]

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Title AMBER

KELLY, DAVID  
701 MARBELLA LANE  
APT 413  
SANFORD, FL 32771

*- should be  
AMBR*

Annual Reports

Report Year	Filed Date
2020	10/09/2020
2021	04/07/2021

Document Images

<u>04/07/2021 -- ANNUAL REPORT</u>	<a href="#">View image in PDF format</a>
<u>10/09/2020 -- REINSTATEMENT</u>	<a href="#">View image in PDF format</a>
<u>02/12/2020 -- LC Amendment</u>	<a href="#">View image in PDF format</a>
<u>02/19/2019 -- Florida Limited Liability</u>	<a href="#">View image in PDF format</a>



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## Detail by Document Number

Florida Limited Liability Company

CORKLIN LLC

### Filing Information

Document Number	L19000043122
FEI/EIN Number	83-3708432
Date Filed	02/19/2019
Effective Date	02/14/2019
State	FL
Status	ACTIVE
Last Event	LC AMENDMENT
Event Date Filed	03/01/2021
Event Effective Date	NONE

### Principal Address

418 S. Sanford Ave  
Sanford, FL 32771

Changed: 03/01/2021

### Mailing Address

418 S. Sanford Ave  
Sanford, FL 32771

Changed: 03/01/2021

### Registered Agent Name & Address

KENNERNEY, ROBERT  
418 Sanford Ave  
Sanford, FL 32771

Name Changed: 10/09/2020

Address Changed: 04/07/2021

### Authorized Person(s) Detail

#### **Name & Address**

Title AMBR

KENNERNEY, ROBERT