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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
19 JUN 18 AM 9:17

Amend

JUN 27 2019

D CUSHING

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Corbelo 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:

Mary Brooks

Name of Person

Firm/Company

3225 McLeod Drive, Suite 100

Address

Las Vegas, Nevada 89121

City/State and Zip Code

mbrooks@andersonadvisors.com

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

For further information concerning this matter, please call:

Mary Brooks

800

706-4741

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

19 JUN 18 AM 9:17

DIVISION OF CORPORATIONS

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	Kreeden LLC	1718 Capitol Ave	<input type="checkbox"/> Add
		Cheyenne, WY 82001	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Commato LLC	1718 Capitol Ave	<input type="checkbox"/> Add
		Cheyenne, WY 82001	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Michael Kara	3225 McLeod Drive, Suite 100	<input checked="" type="checkbox"/> Add
		Las Vegas, NV 89121	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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 (

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 June 11, 2019

Chen, N.

Signature of a member or authorized representative of a member

Mary Brooks, Authorized Representative

Typed or printed name of signee