## 119000104694

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## WISION OF JUNE ORAHOWS

## **COVER LETTER**

TO: Registration Set Division of Cos			
Corbelo LI SUBJECT:			
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	-	
	Mary Brooks		
		Name of Person	<del></del>
		Firm/Company	
	3225 McLeod Drive, Suite		<del></del>
		Address	
	Las Vegas, Nevada 89121		
	mbrooks@andersonadvisor	City/State and Zip Code s.com	
	_	to be used for future annual report notifi	ication)
For further information of	concerning this matter, please ca	all:	ָּע טַ
Mary Brooks		800 706-4741 at ( )	- -
Name o	of Person		Telephone Number
Enclosed is a check for t	he following amount:		<u>.</u>
□ \$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)
	ING ADDRESS:	STREET/COURIE	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Corbelo LLC			
( <u>Name of the Limited Liab</u> (A Flor	ility Company as it now apr ida Limited Liability Compan	y)	
The Articles of Organization for this Limited Liability Florida document numberL19000104694	Company were filed on	4/16/2019	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "L	imited Liability Company," tl	ne designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:			<u></u>
(Principal office address MUST BE A STREET ADI	DRESS)		
			အ ငွ
			25
			8 AM 9:
Enter new mailing address, if applicable:	<del> </del>	<del></del> -	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regregistered agent and/or the new registered office action of New Registered Agent:	•	on our records, enter th	e name of the
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 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 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
AMBR	Kreeden LLC	1718 Capitol Ave	
		Cheyenne, WY 82001	Remove
		<del></del>	Change
AMBR	Commato LLC	1718 Capitol Ave	
		Cheyenne, WY 82001	■ Remove
			□ Change
MGR	Michael Kara	3225 McLeod Drive, Suite 100	Add
		Las Vegas, NV 89121	Remove
			Change
			□ Add
			☐ Remove
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Note: If the date inserted in this bedocument's effective date on the		ot be listed as
f the record specifies a delayed b) The 90th day after the re	d effective date, but not an effective time, at 12:01 a.m. on the cord is filed.	ne earlier o
Dated June 11	. 2019	
	" ( South ) souther	
	Signature of a member or authorized representative of a member	<del>_</del>
Mary Brooks, Authori	·	
<u> </u>	Typed or printed name of signee	

D. It amending any other information, enter change(s) here: (Attach dadutonal sheets, if necessary,)

Page 3 of 3

Filing Fee: \$25.00