L21000404710

(Req	guestor's Name)
(Add	iress)
(Add	lress)
(City/	/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busi	iness Entity Name)
(Doc	eument Number)
Certified Copies	Certificates of Status
Special Instructions to Fi	iling Officer:
<u> </u>	





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COVER LETTER

TO:

	egistration Se ivision of Cor		•	
SUBJECT	Corner Solu	ntions LLC		
SUBJECT	:	Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	m all correspo	ndence concerning this matter	to the following:	
		Brent Hazman		
		_	Name of Person	
		Corner Solutions LLC		
			Firm/Company	
		6712 Fox Hollow Dr.		
			Address	
		West Palm Beach, FL 334	12	
		••	City/State and Zip Code	
		hello@comer.solutions		
For further	information e	E-mail address: (oncerning this matter, please ca	to be used for future annual report not all:	ilication)
Brent Hazr			443 8346163	
	Name o	f Person	at () Area Code Daytin	te Telephone Number
Enclosed is	a check for tl	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)
	ailing Addres		<u>Street Address:</u> Registration Se	ection
	-	orporations	Division of Co	
P.	O. Box 632	7	The Centre of	Γallahassee
T:	allahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 2002 Aug.

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		11.1.04
Corner Solutions LLC	, .	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our recor Liability Company)	<u>ds.</u>) , , /
he Articles of Organization for this Limited Liability Company	were filed on <u>09/13/2021</u>	and assigned
orida document number L21000404710		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LL	C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office	address on our records, enter	r the name of the new regi
gent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street addre	
	, F	Torida Zip Code
	City	7.1p \$,0ew

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
AMBR	Jacob Winfield	206 S 13th Street Apt.1901	🗆 🗆 🗆 🗀 Add
		Philadelphia, PA 19107	■Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
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	late of filing:	or to date of filing or more than	(optional) 90 days after filing.) Pursuant to 6	05 0207 (
Effective date, if other than the difference date is listed, the date must Note: If the date inserted in this bloodocument's effective date on the Department of the Departmen	ck does not meet the appli	icable statutory filing requir	ements, this date will not be it	sted as th
Note: If the date inserted in this block	ck does not meet the appli partment of State's record	icable statutory filing requir ls.		sted as th
Note: If the date inserted in this bloc document's effective date on the Dep me record specifies a delayed effective	ck does not meet the applicantment of State's record date, but not an effective	icable statutory filing requir ls.		sted as th
Note: If the date inserted in this bloc document's effective date on the Depoint record specifies a delayed effective ord is filed.	ck does not meet the applicantment of State's record date, but not an effective	icable statutory filing requir ls.		sted as th
Note: If the date inserted in this bloc document's effective date on the Depoine record specifies a delayed effective ord is filed. Dated July 28th	ck does not meet the applipartment of State's record date, but not an effective 2023	icable statutory filing requir ls.	arlier of: (b) The 90th day af	sted as th

Filing Fee: \$25.00