## L24000406406

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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2024 GCT 25 AMTH: 01



Division of Co	rporations			
CoreBond	LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
	Alejandro M. Rubinos			
		Name of Person		
	CoreBond LLC			
Firm/Company				
	4474 WESTON RD, #105	6		
		Address		
	WESTON, FL 33331			
		City/State and Zip Code	<del></del>	
	contact@core-bond.com			
	·	to be used for future annual report no	tilication)	
For further information of	concerning this matter, please c	all;		
Alejandro M. Rubinos		786 4241271 at ()		
Name o	of Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for t	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 Addre		Street Address:	ection	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

**Registration Section** 

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION OF

CoreBond LLC (Name of the Limited Liability Company as it now appears on our records 2021; OCT 25 AM 11: 01 Florida document number 1.24000406406 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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 Cin

## 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

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## MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Sachel Hernandez	15601 DOVER CT	□Add
		DAVIE, FL 33331	■Remove
			□ Change
			□Add
			□Remove
		<del></del>	□Change
	<del></del>		□Add
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			□Remove
			□Change

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ective date, if other than the c effective date is listed, the date must	date of filing:	o date of filing or more	(optional) than 90 days after filing.) F	tursuant to 605,0 <b>2</b> 0
e: If the date inserted in this bloament's effective date on the Dep	ck does not meet the applica	ble statutory filing re	equirements, this date w	ill not be listed a
cord specifies a delayed effective sfiled.	date, but not an effective tir	ne, at 12:01 a.m. on t	the earlier of: (b) The	Oth day after the
October 14th	2024		4.5	
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