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COVER LETTER

TO: Registration Sect Division of Corpo				
SUBJECT: COMBES	ST USC. LLC			
SUBJECT: O		ted Liability Company)		
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	lence concerning this matter	to the following:		
	J. S. CRAWFORD	Olema (Charana)		
		(Name of Person)		
CRAWLAW, LLC				
		(Firm/Company)		
28000 SPANISH WELLS BOULEVARD				
		(Address)		
BONITA SPINGS, FLORIDA 34135				
		(City/State and Zip Code)		
For further information con	cerning this matter, please ca	all:		
J. S. CRAWFORD		at (239) 949-1818		
(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		

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COMBEST USC, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/20/2008 and assigned Florida document number L08000098374 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: COMBEST USA, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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).

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 608, 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.

New Registered Agent's Signature, if changing Registered Agent:

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member **Type of Action** Title **Address** <u>Name</u> _ Add Remove □ Add Remove Add Remove ☐ Add Remove _ Add ☐ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 11/09/2008 08 NOV 13 AM 8: 45 Signature of a member or authorized representative of a member J. S. CRAWFORD Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00