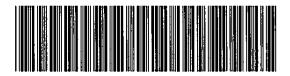
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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
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COVER LETTER

то:	Registration Se Division of Cor	ection porations		
CUD IDC	COMBINE	ATHLETICS HOLDINGS, L	LC	
SUBJEC	.1:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
ricase re	tum an correspo	MARCELL HAYWOOD	to the following.	
			Name of Person	
		COMBINE ATHLETICS	HOLDINGS, LLC	
			Firm/Company	
	600 W LAS OLAS BLVD UNIT 409			
			Address	
		FORT LAUDERDALE, F	FL 33312	
			City/State and Zip Code	
		MARCELL@GO-COMBII		
For furth	er information c	oncerning this matter, please co	to be used for future annual report notifiall:	cation)
MARCE	ELL HAYWOOI)	850 251-6469	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COMBINE ATHLETICS HOLDINGS, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Frontia Billinea B	naomey Company)			
The Articles of Organization for this Limited Liability Company	were filed on 01/05/2015	and assigned		
Florida document number L15000001838				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
The new name must be distinguishable and contain the words "Limited Liabili	ity 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:	600 W LAS OLAS BLVD UNIT 409			
(Mailing address MAY BE A POST OFFICE BOX)	FORT LAUDERDALE, FL 33312			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		270 <u> </u>		
News SNam Decisional Access		5 H		
Name of New Registered Agent:		So I some		
New Registered Office Address:	Enter Florida street address	SCY F PROPERTY		
	, Florida	Fig. 0.		
	City	Zip Q ode		
New Registered Agent's Signature, if changing Registered Agent:		<i>>></i>		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I ar rovided for in Chapter 605, F.S. C	n familiar with and Or, if this document is		

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>	<u>Address</u>	Type of Action
MGR	MARQUISE KIFFIN	1101 BRICKELL AVENUE	Add
		SUITE 800	☐ Remove
		MIAMI, FL 33131	□ Change
			Remove
			□ Change
			Add
		···	□ Remove
			☐ Change
			Add
			Remove
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Typed or printed name of signee