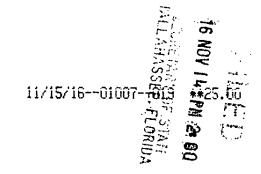
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Registration Section
Division of Corporations TO:

COMPAN' SUBJECT:	Y COMBO, LLC		
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DIEGO SAMPAIO		
		Name of Person	
	COMPANY COMBO, LLC	C	
		Firm/Company	
	8751 COMMODITY CIRC	CLE, UNIT 5	
		Address	
	ORLANDO, FL, 32819		
	.	City/State and Zip Code	
	•	•	eation)
For further information of	concerning this matter, please ca	ıll:	
DIEGO SAMPAIO		407 866 428-2030 at ()	
Name o	Name of Person COMPANY COMBO, LLC Firm/Company 8751 COMMODITY CIRCLE, UNIT 5 Address ORLANDO, FL, 32819 City/State and Zip Code INFO@COMPANYCOMBO.COM E-mail address: (to be used for future annual report notification) ser information concerning this matter, please call: SAMPAIO Name of Person Area Code Daytime Telephone Number Lis a check for the following amount:		
Enclosed is a check for t	he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COMPANY COMBO, LLC		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lial	bility Company were filed on 08/26/2015	and assigned
Florida document number L15000146758		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
5 · ··	OV.	
(Mailing address MAY BE A POST OFFICE Be	<u> </u>	23
	-	5
B. If amending the registered agent and/or	r registered office address on our records, enter the	ne new
registered agent and/or the new registered offic		SS
		Mary Town
Name of New Registered Agent:		
New Registered Office Address:		
The Winds Indian State S	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 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
MGR	MARCOS DE PAULA PEREIRA	419 SANDPIPER RIDGE DR	
		ORLANDO, FL, 32835	Remove
			☐ Change
MGR	EVANEIDE P. DE SAMPAIO	12888 GETTY SBURG CIR	■ Add
		ORLANDO, FL, 32837	☐ Remove
			☐ Change
			Add
			Remove
			Change 16 NOV
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E. Effective (If an effective	e date, if other than t tive date is listed, the date	the date of filing must be specific an	ig:d cannot be prior	to date of filing o	r more than 90 days	optional) after filing.) Pursuan	it to 605.02
Note: If	the date inserted in this	block does not:	meet the applic	able statutory f	ling requirements	, this date will not	be listed
	rd specifies a delay			t an effectiv	e time, at 12:0	01 a.m. on the	earlier
(b) The 9	0th day after the r	ecord is filed	•				
Dated N	OVEMBER, 9TH		2 016				
Dated	····		,	 •			
			0~		tive of a member		

Page 3 of 3

Filing Fee: \$25.00