## 1/6000229274

	, 
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S. WARREN SEP 0 7 2017

## **COVER LETTER**

10:	Division of Corp			
•	•	ì	ombs Live, LLC	
SUBJE	CT:	IIIII	OINDS LIVE, LLO	
		Name of I	Limited Liability Company	
311			at a found to a filling	
the end	closed Articles of A	Amendment and fee(s) are s	submitted for filing.	
Please i	return all correspoi	ndence concerning this mat	ter to the following:	
		1		
			Sonia Becerra	
			Name of Person	<u>,                                    </u>
		1	Ower Ellinson III O	
			Swyft Filings, LLC	
			Firm/Company	
		· 	12605 East Freeway, Suite	509
			Address	
			Houston, Texas 77015	
				<u> </u>
		<b>↓</b>	City/State and Zip Code	
			filings@swyftfilings.com ss: (to be used for future annual report	· · · · · · · · · · · · · · · · · · ·
		E-mail addres	is: (to be used for future annual report	i noutication)
For fur	ther information co	oncerning this matter, pleas	e call:	
			022 77	7.0450
Sonia Becerra  Name of Person		<del></del>	,	7-0450 sytime Telephone Number
	Name of	Consul	Allow Code 176	y time resolutions
		;		
Enclose	ed is a check for th	e following amount:		
\$2.5	5.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
		Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
			(additional copy is enclosed)	(additional copy is enclosed)
		NG ADDRESS:		URIER ADDRESS:
		ation Section	Registration S	
	Divisio P.O. Be	n of Corporations	Division of Co Clifton Buildi	
		ssee, FL 32314		re Center Circle
			Tallahassee, F	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Inno Combs Live, LLC

(Name of the Limited Liability (   (A Fionda Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document numberL16000229274	mpany were filed on 12/20/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	555 Winderley PI Ste 300
(Principal office address MUST BE A STREET ADDRE.	SS) Maitland, FL 32751
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registeregistered agent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:	red office address on our records, enter the name of t
New Registered Office Address.	Enter Florida street address
	Florida S
	City Zip Code
New Registered Agent's Signature, if changing Registered	Agent:
provisions of all statutes relative to the proper and con accept the obligations of my position as registered age	nd agree to act in this capacity. I further agree to comply with the inplete performance of my duties, and I am familiar with and int as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability
	If Changing Registered Agent, Signature of New Registered Agent

If amending or removed	Authorized Person(s) auth from our records:	orized to mana	ge, <u>enter the title, name, s</u>	and address of each p	person being added
MGR = M AMBR = A	lanager uthorized Member				
<u>Title</u>	<u>Name</u>		<u>Address</u>		Type of Action
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		Signature of a fnc	mber or authorite	representative of a	member	- P - SS: - F	
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			Sonia Bed		ithorized Repr	esentative 3	FILED

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