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(Address)

(City/State/Zip/Phone #)

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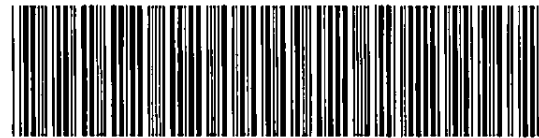
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

SEP 07 2017

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

**Inno Combs Live, LLC**

SUBJECT: \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	<b>Sonia Becerra</b>
	Name of Person
	<b>Swyft Filings, LLC</b>
	Firm/Company
	<b>12605 East Freeway, Suite 509</b>
	Address
	<b>Houston, Texas 77015</b>
	City/State and Zip Code
	<b>filings@swyftfilings.com</b>
	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

<b>Sonia Becerra</b>	at ( <b>877</b> )	<b>777-0450</b>
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**Inno Combs Live, LLC**

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**AMBR = Authorized Member**

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Dated **September 01 2017**

**Sonia Becerra**

Typed or printed name of signee

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