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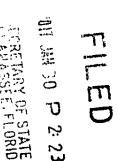
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**S Warren**JAN 3 1 2017

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Come Get ADS LLC  Name of Limited Liability Company	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fec(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
SUZANNA SARGSYAN	
S4ZANNA SARGSYAN Name of Person	
Come Get ADS LLC Firm/Company	
433 Plaza Real Suite 275	
Address	
BOCA RATON FLORIOA 33432	
City/State and Zip Code  Come Get ADS & gmail-com  E-mail address: (to be used for future annual report notification)	
COMEGETADS & gmail.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
SUZANNA         SARGSYAN         at (_561_)         221 - 0666           Name of Person         Area Code         Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee	

#### 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

Come Get ADS LL	V Company as it now appears on our records )
(A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on JANUARY 20, 2017 and assigned
lorida document number <u>L17-0000/58 74</u>	_·
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limit	ted liability company here:
	The second secon
he new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C"
Inter new principal offices address, if applicable:	200 P
Principal office address MUST BE A STREET ADDR	ESS)
	STA STA 2:
	23 TE
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regist egistered agent and/or the new registered office addr	tered office address on our records, <u>enter the name of the n</u>
egistered agent and/or the new registered office addr	<u>ess nere</u> .
Name of New Registered Agent:	
<u> </u>	
New Registered Office Address:	Enter Florida street address
New Registered Office Address:	Enter Florida street address , Florida

If Changing Registered Agent, Signature of New 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 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	1
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00