## 118000258329

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SECRETARY OF STAFE

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## **COVER LETTER**

то:	Registration Se Division of Cor			
~	Combee, Li	LC		e.
SUBJE	CI:	, Name of Lim	ited Liábility Company	<del> </del>
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please (	return all correspo	ndence concerning this matter	to the following:	
		Emir A. Rahman		
			Name of Person	
		Combee LLC		
			Firm/Company	<del></del>
		5239 Sligh Rd		
			Address	
		Lakeland, FL 33813		
		robinbutch@yahoo.com	City/State and Zip Code	
		E-mail address; (	to be used for future annual report notifi	cation)
For fur	ther information c	oncerning this matter, please ca	all:	
Emir A	. Rahman		863 585-6379 at ( )	
•	Name o	f Person		Telephone Number
Enclose	ed is a check for th	ne following amount:		
<b>■ \$</b> 25	5.00 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

Combee LLC

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) FILED The Articles of Organization for this Limited Liability Company were filed on 11/02/18 Florida document number  $\underline{L1}8000258329$ SECRETARY OF STATE This amendment is submitted to amend the following: TALLAHASSEE, FLORIDA A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City 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.

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If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	N/A		
			□ Remove
			Change
			Remove
			Change
			Remove
			Change
			Add
			Remove
			Change
			С Веточе
			Change
			□ Add
			Remove
			Change

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	ALIFIED OPPORTUNITY ZONE.
-	
**************************************	to if other than the date of Elina.
an effective ote: If the	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a day after the record is filed.
JULY	29 2019
atca	
_	Signature of a member or authorized representative of a member
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Filing Fee: \$25.00