

LIB000285108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

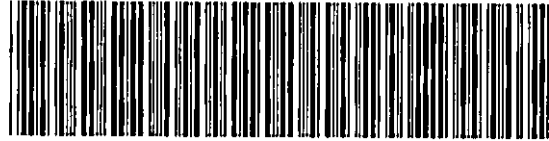
(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 JAN 29 PM 1:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

D. BRUCE
JAN 29 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 12, 2019

TRAVIS COMBS
6409 TRENT CREEK DRIVE
RUSKIN, FL 33573

SUBJECT: COMBS RESTORATION, LLC
Ref. Number: L18000285108

We have received your document for COMBS RESTORATION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Corporate Records Supervisor

Letter Number: 719A00000946

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TALLAHASSEE FLORIDA
SECRETARY OF STATE

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Combs Restoration, LLC
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:

Travis Combs
Name of Person

Combs Restoration, LLC
Firm/Company

6409 Trent Creek Drive
Address

RUSKIN, FL 33573
City/State and Zip Code

combs+travis1989@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Travis Combs at (813) 442-9599
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 01-29-2019 BY 60322 UCBAW

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Combs Restoration, LLC

The Articles of Organization for this Limited Liability Company were filed on 12/18/2018 and assigned Florida document number L18000285108.

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Travis Combs	6409 Tent Creek Dr. Ruskin, FL 33573	<input checked="" type="checkbox"/> Add
		0798	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2018 JAN 29 PM 1:58
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JAN 29 2018
CLERK OF COURT

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

2019 JAN 29 PM 1:56
JAN 29 2019
JAN 29 2019

FILED

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated January 24, 2019.

[Signature]
Signature of a member or authorized representative of a member

Travis Combs
Typed or printed name of signee