118000285108

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
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2019 JAN 29 PH 1:56

A SAUCE



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.

Letter Number: 719A00000946

Deborah Bruce Corporate Records Supervisor 2019 JAN 29 PH 1:58

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Combs Restoration, LC 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		
Combs Restoration, UC		
6409 Trent Creek Orive		
RUSKIN, FL 33573 City/State and Zip Code	2019	
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:	JAN 29	
TVAVIS CombS at (813) 442 - 9599 Name of Person Area Code Daytime Telephone Number	6 5 1 Kg) [
Enclosed is a check for the following amount:		
\$25.00 Filing Fee Solution Status S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee & Certified Copy (additional copy is	tatus &	

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

· Combs Restorat		
The Articles of Organization for this Limited Liability Company of Florida document number \(\bigcup_1800285108 \).	1	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabilite." Enter new principal offices address, if applicable:	ly Company," the designation "LLC" or the abbre	eviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	\	
(Mailing address MAY BE A POST OFFICE BOX)	NA	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ne name at the new
Name of New Registered Agent:	- \ 	10 C
New Registered Office Address:	Enter Florida street address Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	J	

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 Changing Registered Agent, Signature of New Registered Agent

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 Type of Action <u>Address</u> <u>Title</u> Name 1 AMBR Travis combs 6409 Thent Creek Dr. 33573 ☐ Remove ☐ Change _□ ∧dd □ Remove ☐ Change _□ Add □ Remove ☐ Change □ Add ≟□ Rem**⊞**è JAW 29 PH 1:85 Change □ Add ☐ Remove

□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar	
	
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	1:5 310.5 1:5
Effective date, if other than the date of filing:	• •
(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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	g.) Pursuant to 605,0207 (3) e will not be listed as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m.) The 90th day after the record is filed.	on the earlier of:
Dated January 24 2019.	
J. (Mys)	
Signature of a member or authorized representative of a member	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00