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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : COMPANY COMBO, LLC
Account Number : I20160000033
Phone : (866)428-2030
Fax Number : (407)308-0481

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NIDAU INTERNATIONAL COMPANY L.L.C.**

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMPANY COMBO, 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:

KIMBERLY MESA

Name of Person

COMPANY COMBO, LLC

Firm/Company

2815 DIRECTORS ROW STEE 100

Address

ORLANDO, FL 32809

City/State and Zip Code

INFO@COMPANYCOMBO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIMBERLY MESA

866 4282030

Name of Person

at (_____) _____

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

DocuSign Envelope ID: 06421258-E573-4004-BFA5-2627583FE3F5

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NIDAU INTERNATIONAL COMPANY L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

5513 10/27/2019 12:45

The Articles of Organization for this Limited Liability Company were filed on 08/06/2019 and assigned
Florida document number L19000197848.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2815 DIRECTORS ROWSTE 100 OFFICE 621ORLANDO, FL 32809

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2815 DIRECTORS ROWSTE 100 OFFICE 621ORLANDO, FL 32809

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

Zip Code

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.

If Changing Registered Agent, Signature of New Registered Agent

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Maneuvering 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>
MGR	ECHEVERRY, DARIO	17774 SW 47 STREET	<input type="checkbox"/> Add
		MIRAMAR, FL 33029	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARIA JOSE ARCE ODDONE	CALLE AUSTRIA Nº 1734	<input checked="" type="checkbox"/> Add
		VILLA MORRA	<input type="checkbox"/> Remove
		ASUNCION, 1849 PARAGUAY	<input type="checkbox"/> Change
MGR	PABLO E SUAREZ CELABE	CALLE AUSTRIA Nº 1734	<input type="checkbox"/> Add
		VILLA MORRA	<input type="checkbox"/> Remove
		ASUNCION, 1849 PARAGUAY	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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[illegible]

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.

Dated NOV 26, 2019

DocuSigned by:
[Signature]
21FA28CE5D1D1

-27FA38DF07D3 Signature of a member or authorized representative of a member

PABLO EDUARDO SUAREZ CELABE

Typed or printed name of signee