

L24000206168

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(Address)

(Address)

(City/State/Zip/Phone #)

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FILE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Combat Services Group  
\_\_\_\_\_

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:

Robert Katz

\_\_\_\_\_  
Name of Person

Combat Services Group LLC

\_\_\_\_\_  
Firm/Company

1825 NW Corporate BLVD Suite 110

\_\_\_\_\_  
Address

Boca Raton, Florida 33431

\_\_\_\_\_  
City/State and Zip Code

robert@combateservicesgroup.com

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

For further information concerning this matter, please call:

Robert Katz

561 260-5000

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 Address:**

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

**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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
ambr	Robert Katz	6481 Enclave way	<input checked="" type="checkbox"/> Add
		Boca Raton, Florida 33496	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
ambr	Brandon Malloy	872 King Hill Road	<input checked="" type="checkbox"/> Add
		Surprise, New York 12176	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
ambr	Walter Agosta	2630 SE 132nd St	<input checked="" type="checkbox"/> Add
		Morristown, Florida 32668	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
ambr	Robert Etelman	838 Woodland Drive	<input checked="" type="checkbox"/> Add
		Canon , Georgia 30520	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
ambr	Nish Harshadkumar Patel		<input checked="" type="checkbox"/> Add
		9066 SW 73rd Ct Apt. 307	<input type="checkbox"/> Remove
		Miami, Florida 33156	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

Signature of a member or authorized representative

Typed or printed name of signee

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STATION 101  
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**Filing Fee: \$25.00**