L17000000769

(Re	questor's Name)	
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(Ad	dress)	
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P.O. Box 6327

Tallahassee, FL 32314

то:	Registration Se Division of Co			
CUD ICA	INUKSUK	LLC		
SUBJEC	۰۱: <u> </u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Joseph F. Mikelonis		
		 	Name of Person	·
		INUKSUK, LLC		
		-	Firm/Company	.
		5406 Haynes Rd.		
			Address	
		Stockbridge, MI 49285		
			City/State and Zip Code	
		joe.mikelonis@att.net	to be used for future annual report	natification
For furth	ner information o	concerning this matter, please c	·	notification,
	F. Mikelonis	,	989 430-265	59
	Name o	of Person	at () Area Code Da	sytime Telephone Number
P 1	11. a. b. ala Cas	t. C.II.		
		he following amount:	□ #65 00 PT . P . B	(T) \$60.00 FU'. F
= \$23.	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		<u>Street Addres</u> Registration	
	Division of C			Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INUKSUK, LLC		
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number 1.17000000769	apany were filed on 12/30/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l 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:		207
(Principal office address MUST BE A STREET ADDRES	<u></u>	<u> </u>
		12
Enter new mailing address, if applicable:		PH 3
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	ffice address on our records, <u>enter the na</u>	ame of the new registered
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	Florida	
	City	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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR Deborah J	Deborah J. Mikelonis	5406 Haynes Rd., Stockbridge, MI 49285	Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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Note:	ve date, if other than the date of filing:
he record ord is fil	I 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 ed.
Dated .	·
	Deborah J. Midelbrids (signature of a member or authorized representative of a member
	Deborah J. Mikelonis
	Typed or printed name of signee

Filing Fee: \$25.00