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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	TNCA Name of Limi	NO LLC ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Gina	R. Chewlier Name of Person	
	Law Off	Firm/Company	A. Chevallier
	<u>9655</u> 5.	Dixie Hwy, S	te . 31Z
	Miam gine	City/State and Zip Code City/State and Zip Code Chevallier to be used for future annual report notific	6 -law.com
For further information co	E-mail address: (to neerning this matter, please ca		auon)
Gina R. Name of	Chevallier	at (<u>305</u>) <u>974</u> Area Code Daytime	- 1490 Telephone Number
Enclosed is a check for the	: following amount:		
□ \$25.00 Filing Fee	図 \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INCAND.	LLC Liability Company as it now appears on our records.) Value of the company o
(Name of the Limited	l Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Lial Florida document number LISDOO	bility Company were filed on 3192018 and assigned
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	the limited liability company here:
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	OX)
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records, enter the name of the nev ce address here:
Name of New Registered Agent:	
	
New Registered Office Address:	Enter Florida street address
	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Type of Action** Title Address Name Jean-Gey Noel ☐ Change □ Add _□ Remove _□ Change □ Add ☐ Remove _□ Change □ Add _□ Remove ☐ Change _□ Add _□ Remove _ Change

□ Remove

☐ Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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_	
an effec <u>ote:</u> l	te date, if other than the date of filing:
	and specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 90 th day after the record is filed.
ited _	April 30 . 2018.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00