## L19000035753

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## **COVER LETTER**

TO: Registration Secti Division of Corpo			
SUBJECT. 208 Profes	ssional Services, LLC		
SUBJECT:	Name of Limite	ed Liability Company	<del></del>
	mendment and fee(s) are subm		
Please return all correspond	lence concerning this matter to	the following:	
	Nicholas J. Incontrera		
		Name of Person	
	208 Professional Ser	vices IIC	
	200 Froiessional Oct	Firm/Company	<del></del>
	23509 Companero D	rive	
		Address	
	5 5 5 5 5 7 7 9		
	Sorrento, FL 32776	City/State and Zip Code	
		•	
	Nick29552@gmail.co	m o be used for future annual report notifi	cation)
For further information co	ncerning this matter, please ca	ll:	
		at (352 ) 267-2132	
Nicholas J. Incontre		411 /	Telephone Number
Name of	I ÇESONI		
Enclosed is a check for the	e 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)
MAILI	NG ADDRESS:	STREET/COURT	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl. 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

208 Professional Services, LLC	
(Name of the Limited Liability Company (A Florida Limited Li	y <u>as it now appears on our records.</u> ) ability Company)
The Articles of Organization for this Limited Liability Company we Plorida document number <u>L19000035753</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the
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:	·
New Registered Agent's Signature, it changing Registered Agents	

If Changing Registered Agent, Signature of New 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 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>	Address	Type of Action
MGR	Laurie Incontrera	23509 Companero Drive Sorrento, FL 32776	<b>)</b> 🗷 Add
			Remove
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(ii aii eii <u>Note:</u>	ive date, if other than the date of filing: February 16, 2019 (optional) fective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed an ent's effective date on the Department of State's records.	07 (3 as the
the red	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.	of:
D : 1	February 15 2019	
Dated	11 11 1	
	Wash X States	
	Signature of a member or authorized representative of a member	
	Nicholas Incontrera	

Page 3 of 3

Filing Fee: \$25.00