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TALLAHASSEE, FLORIDA

D. BRUCE
MAY 14 2012
EXAMINER

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Inca Apartments 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:

Christine Frazer

Name of Person

Inca Apartments LLC

Firm/Company

13129 N 19th Street

Address

Tampa, Florida 33612

City/State and Zip Code

christine@jacanaonline.com

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

For further information concerning this matter, please call:

Christine Frazer

Name of Person

at (813)

972 3568

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Inca Apartments LLC

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

The Articles of Organization for this Limited Liability Company were filed on November 21, 2002 and assigned Florida document number L02000031684.

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 end with 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)

13129 N 19th Street

Tampa, Florida 33612

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13129 N 19th Street

Tampa, Florida 33612

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:

Christine Frazer

New Registered Office Address:

13129 N 19th Street

Enter Florida street address

Tampa

, Florida

33612

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 608, 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.

Christine Frazer
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Christine Frazer	13129 N 19th Street Tampa, Florida 33612	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Gabriel Kirchberger	119 McGill Road Mt Pleasant, Ontario N0E 1K0 Canada	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	PREMRAJ, ROCHAN	16401 HANNA RD LUTZ FL 33549	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	PREMRAJ, MAYA	16401 HANNA RD LUTZ FL 33549	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated May 8th, 2012

 Signature of a member or authorized representative of a member

Gabriel Kirchberger
 Typed or printed name of signee

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 TALLAHASSEE, FLORIDA