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MAY 1 8 2012 T. HAMPTON

COVER LETTER

TO:

Division of Corporations			
SUBJECT:	INCA INVE	ESTMENTS, LLC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
		Paul Sponaugle	
		Name of Person	
	enclosed Articles of Amendment and fee(s) are submitted for filing. se return all correspondence concerning this matter to the following: Paul Sponaugle Name of Person Harvard Business Services, Inc. Firm/Company 16192 Coastal Hwy Address Lewes, DE 19958 City/State and Zip Code filings@delawareinc.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: Paul Sponaugle at (302) 644-6263 Name of Person Area Code & Daytime Telephone Number		
		Firm/Company	
	Name of Limited Liability Company nclosed Articles of Amcndment and fee(s) are submitted for filing. Paul Sponaugle Name of Person Harvard Business Services, Inc. Firm/Company 16192 Coastal Hwy Address Lewes, DE 19958 City/State and Zip Code filings@delawareinc.com E-mail address: (to be used for future annual report notification) arther information concerning this matter, please call: Paul Sponaugle Name of Person Area Code & Daytime Telephone Number seed is a check for the following amount: 25.00 Filing Fee Certificate of Status Area Code & Daytime Telephone Number Seed is a check for the following amount: Contributed to the following amount: Contributed Status & Certificate of		
		Address	
		Lewes, DE 19958	
		City/State and Zip Code	
	filir	ngs@delawareinc.com	
	E-mail address: (to be used for future annual report r	notification)
For further information of	concerning this matter, please of	eall:	
Pa	ul Sponaugle	at (_302_)	
Name	of Person	Area Code & Da	ytime Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Regist Divisi P.O. E		Registration Se Division of Co Clifton Buildir	ection orporations ng e Center Circle



HARVARD BUSINESS SERVICES, INC.

16192 COASTAL HWY LEWES, DELAWARE 19958-9776 Toll Free: (800) 345-2677 Direct: (302) 644-6263

> Fax: (302) 269-3954 www.delawareinc.com

May 15, 2012

Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

To Whom It May Concern:

Kindly find enclosed for filing the completed LLC Reinstatement for INCA INVESTMENTS, LLC, and the Articles of Amendment to change the name of the LLC because the original name is no longer available. Included is a check in the amount of \$1101.25 for the Reinstatement fee of \$1071.25, the Amendment filing fee of \$25, and a Certificate of Status for \$5. Once completed, kindly return the acknowledgement letter back to the fax number listed above or to the following address:

Attn: Paul Sponaugle Harvard Business Services, Inc. 16192 Coastal Hwy Lewes, DE 19958

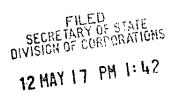
Please feel free to contact me if there are any problems. Thank you for your assistance!

Sincerely,

Paul Sponaugle Corporate Filing Specialist

paul@delawareinc.com

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



_ IN	CA INVESTMENTS, LLO	C	
(<u>Name of the Limited</u> (A	Liability Company as it now appe Florida Limited Liability Company)	ars on our records.)	
		07/14/2005	and assigned
Florida document number L05000069	9574		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability company he	ere:	
is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: PIER INVESTMENTS LLC enew name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation L.C." ter new principal offices address, if applicable: Incipal office address MUST BE A STREET ADDRESS) ter new mailing address, if applicable: Incipal office address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new instered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address			
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Com	pany," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:			
• • • • • • • • • • • • • • • • • • • •	<u>BOX)</u>		
		our records, enter t	the name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	E	inter Florida street add	ress
	City	, Florida	Zin Code
	CHV		zin Coae

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.

If Changing Registered Agent, Signature of New Registered Agent

IGR = Mana IGRM = Ma	nger anaging Member	•	·
<u>itle</u>	<u>Name</u>	Address	Type of Action
			Add
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11-amendir	ig any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
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ted <u>4/1</u>	0/2012	manen de l	10 HS
ted <u>4/1</u>	0 3012 Signature of a member	1000000 ror authorized representative of a member	2

Page 2 of 2

Filing Fee: \$25.00