## L06000037602

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10 JUN 28 PH 2: 18
SECRETARY OF STATE

J. BRYAN
JUN 2 9 2010

**EXAMINER** 

## **COVER LETTER**

Division of Co				
CUDIECT.	Inge	rmark, LLC		
SUBJECT:		ted Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Jean Markevich		
		Name of Person		
		Firm/Company		
3865 St James Court				
		Address	: T	SECRETATION TO
Boca Raton, FL 33434  City/State and Zip Code				128
	E-mail address: (i	notnef1@aol.com to be used for future annual report notific	ation)	PH 2
For further information	concerning this matter, please c	all:		10 JUN 28 PH 2: 18 10 JUN 28 PH 2: 18 SECRETARY OF STATE SECRETARSEE. FLORID
	an Markevich	at(	00-6044	<del>-</del>
Name	of Person	Area Code & Daytime	Telephone Number	
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 For Certificate of Certified Copy (additional co	Status &
MAILING ADDRESS: Registration Section		STREET/COURIE Registration Section		

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

ing	ermark, LLC			
(Name of the Limited Liability (A Florida L	Company as it now appears	s on our records.)	300	
(A Florida L	imited Liability Company)		100 W /	
			72	
The Articles of Organization for this Limited Liability Co	mpany were filed on	4/7/2006		
Florida document number L06000037602			3/2 2 C	
riorida document number	<b>-</b> '		Fig. 3.	
			70 m	
ent			62.60	
This amendment is submitted to amend the following:			A A	
			Si Si	
A. If amending name, enter the new name of the limit	<u>ed liability company here</u>	:		
			···-	
The new name must be distinguishable and end with the word	ls "Limited Liability Compar	ny," the designation "	LLC" or the abbreviation	
"L.L.C."				
Enter new principal offices address, if applicable:				
• •				
(Principal office address MUST BE A STREET ADDRI	<u>ESS)</u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
(Muuting uugiress MAT BE A FOST OFFICE BOA)				
B. If amending the registered agent and/or register		ur records, <u>enter</u>	the name of the new	
registered agent and/or the new registered office addr	<u>ess here</u> :			
Name of New Registered Agent:				
	<del></del>			
New Registered Office Address:				
New Registered Office Address.	Ent	ar Florida etraat ad	drass	
	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 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

. 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 Type of Action <u>Title</u> <u>Name</u> Address MGRM James H Ingersoll 385 North Loop Drive ☐ Add Remove Camarillo CA 93010 Annette B Ingersoll MGRM 385 North Loop Drive Remove Camarillo, CA 93010 Ingersoll Survivor Trust MGRM 385 North Loop Drive ✓ Add Remove Camarillo CA 93010 ∏ Add Remove ∏Add Remove Add D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary. Dated Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00