

L070000018037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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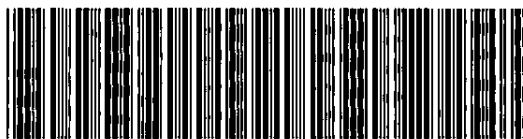
Special Instructions to Filing Officer:

**A. LUNT**

MAY 18 2009

**EXAMINER**

Office Use Only



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05/15/09--01033--007 \*\*60.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 MAY 15 PM 1:59

FILED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** INKAPLACE 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:

Sofia Macchiavello  
Name of Person  
INKAPLACE LLC.  
Firm/Company  
3637 SUMMERWIND Circle  
Address  
Bradenton Florida 34209  
City/State and Zip Code  
Sofimacc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sofia Macchiavello at (661) 904 2391  
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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed) CHK 1098/BFA

**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**

INKAPLACE 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 Jan. 29, 2008 and assigned Florida document number L07000018037.

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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

FILED  
2009 MAY 15 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

New Registered Office Address:

*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

Title	Name	Address	Type of Action
MGRM	ESTEFANIA MACCHIAVELLO	3637 SUMMERWIND Circle Beadenton Florida 34209	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MARIANGELA MACCHIAVELLO	3637 SUMMERWIND Circle Beadenton Florida 34209	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ROSARIO VARGAS	2749 SOUTH PARKVIEW Drive Hallandale FL, 33009	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input 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.)

The Company is integrated for:  
MGR Sofia Macchiavello and  
MGRM ROSARIO VARGAS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 MAY 15 PM 2:00

FILED

Dated May 13, 2009.

Signature of a member or authorized representative of a member

SOFIA MACCHIAVELLO

Typed or printed name of signee