109000064416

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: ALU (28(1) |
| |
| |

Office Use Only



500302490775

08/14/17--01008--009 **30.00

M SEP - 6 PM 2: 48

J. HARRIS

COVER LETTER

| TO: | | istration Sec sion of Corp | | | | |
|-----------|----------|-------------------------------|--|--|---------------------------------|-----------------|
| SUBJE | · CT· | INCMATIC | , LLC | | | |
| () () () | | | Name of Lim | ited Liability Company | | |
| The enc | losed | Articles of A | smendment and fee(s) are sub | mitted for filing. | | |
| Please r | eturn | all correspon | idence concerning this matter | to the following: | | |
| | | | JOSE MOYA | | | |
| | | | | Name of Person | | - |
| | | | INCMATIC | LLC /A | LL PRO OF FLO | eachs, LLC |
| | | | | Firm/Company | | • |
| | | | 7441 SW 132 AVE | | | |
| | | | | Address | | - |
| | | | MIAMI, FL. 33183 | | | |
| | | | · · · · · · · · · · · · · · · · · · · | City/State and Zip Code | | - |
| | | | j.wrify@gmail.com | | | |
| | | | E-mail address: (| to be used for future annual r | report notification) | |
| For furtl | ner in | formation co | ncerning this matter, please ca | all: | | |
| JOSE N | 10Y | ٨ | | 786 370 | 0-6073 Daytime Telephone Numbe | |
| | | Name of | Person | Area Code | Daytime Telephone Numbe | г |
| Enclose | d is a | check for the | e following amount: | | | |
| \$25 | 4 00. | iling Fee | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl | Certifica (osed) Certified | ate of Status & |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314

STREET/COURIER ADDRESS:

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 16, 2017

JOSE MOYA 7441 SW 132 AVE MIAMI, FL 33183

SUBJECT: INCMATIC, LLC. Ref. Number: L09000064416

298 SEP -6 PM 2: 48

We have received your document for INCMATIC, LLC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P17000043114.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

-6 AM (B: 4 AVA BELDRIE Letter Number: 417A00016811

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| INCMATIC, LLC | | |
|--|--|-----------------------------------|
| (<u>Name of the Limited Liability Comp</u> (A Florida Limited | oany as it now appears on our reco I Liability Company) | ords.) |
| he Articles of Organization for this Limited Liability Compan | y were filed on 07/02/2009 | and assigned |
| lorida document number 1.09000064416 | | |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limited lia | bility company here: | |
| ALL PRO OF FLORIDATELC ALL PRO PROP | ERTY MANAGEM | ENT FL, LLC. |
| he new name must be distinguishable and contain the words "Limited Liab | oility Company," the designation "L | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | PGD |
| Principal office address MUST BE A STREET ADDRESS) | | |
| | | 7 |
| | | 5.5 |
| inter new mailing address, if applicable: | | P T |
| | | ; !> |
| Mailing address MAY BE A POST OFFICE BOX) | | Ge Ge |
| | | |
| If amending the registered agent and/or registered egistered agent and/or the new registered office address he | | rds, <u>enter the name of the</u> |
| Name of New Registered Agent: | ···· | |
| New Registered Office Address: | Enter Florida street ado | lress |
| | | Florida |
| | | 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 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 Changing Registered Agent, Signature of New Registered Agent

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> | <u>Address</u> | Type of Action |
|--------------|-------------|----------------|----------------|
| | | | |
| | | | □ Remove |
| | | | ☐ Change |
| | | | |
| | | | □ Remove |
| | | | Change |
| | | | |
| | | | □ Remove |
| | | | Change |
| | | | Add |
| | | | ☐ Remove |
| | | | ☐ Ghange |
| | · | | Add |
| | | | Dittemove - |
| | | | ∴ ☐ Change |
| | | | Add |
| | | | □ Remove |
| | | | ☐ Change |

| | | | | | |
|--|--|------------------------------|--|---------------------------------|---------------|
| | | | | | |
| | | | | | |
| ALLPR | o Property | MANAger | nent F | L, L | <u>LC</u> . |
| | <u>'</u> | | · | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | |) date of filing or more tha | (option n 90 days after fi | | nt to 605.020 |
| an effective date is listed, the date must be sote: If the date inserted in this block of | specific and cannot be prior to does not meet the applical | | n 90 days after fi | ling.) Pursuar | |
| an effective date is listed, the date must be sote: If the date inserted in this block of | specific and cannot be prior to does not meet the applical | | n 90 days after fi | ling.) Pursuar | |
| an effective date is listed, the date must be some: If the date inserted in this block concument's effective date on the Departer record specifies a delayed effective at the specifies and elayed effective date. | specific and cannot be prior to does not meet the applical tment of State's records. | ble statutory filing requ | n 90 days after fi irements, this d | ling.) Pursuar late will not | be listed a |
| an effective date is listed, the date must be some. If the date inserted in this block cocument's effective date on the Departer record specifies a delayed eff. The 90th day after the record. August 10th | specific and cannot be prior to does not meet the applical tment of State's records. | ble statutory filing requ | n 90 days after fi irements, this d | ling.) Pursuar late will not | be listed a |
| an effective date is listed, the date must be some. If the date inserted in this block cocument's effective date on the Departer record specifies a delayed eff. The 90th day after the record. August 10th | specific and cannot be prior to does not meet the applical tment of State's records. Fective date, but not is filed. | ble statutory filing requ | n 90 days after fi irements, this d | ling.) Pursuar late will not | earlier o |
| an effective date is listed, the date must be sote: If the date inserted in this block cocument's effective date on the Depart erecord specifies a delayed eff. The 90th day after the record atted. August, 10th | pecific and cannot be prior to does not meet the applical timent of State's records. Tective date, but not is filed. 2017 | an effective time, | n 90 days after ti irements, this d at 12:01 a.i | ling.) Pursuar late will not | earlier o |
| ated | specific and cannot be prior to does not meet the applical tment of State's records. Fective date, but not is filed. | an effective time, | n 90 days after ti irements, this d at 12:01 a.i | ing.) Pursuar late will not | earlier o |

Page 3 of 3

Filing Fee: \$25.00