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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
		
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J. SAULSBERRY EXAMINER OCT 18 2010

COVER LETTER

TO:	Registration S Division of Co						
SUBJ	ECT:	Inca Life	e Products LLC				
		Name of Limi	ted Liability Company				
		f Amendment and fee(s) are sub	•				
Please	return an corresp	ondence concerning this matter	to the following:				
Doris Bodet							
			Name of Person				
Firm/Company							
8800 nw 5th st							
	Address					2010 OCT 15 PM 2:	
Pembroke Pines FL 33024 City/State and Zip Code db4eba23@yahoo.com E-mail address: (to be used for future annual report notification)			24				
						22	F
		E-mail address: (to be used for future annual rep	ort notification)		7	
For fur	ther information	concerning this matter, please of	eall:		TATE	2: 26	"Ausal
		Doris Bodet	at (954)	584-8940	1> 	6	
	Name	of Person	Area Code &	Daytime Telephone Nu	umber		
Enclos	ed is a check for	the following amount:					
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	Cer nclosed) Cer	00 Filing Fee, tificate of Sta tified Copy ditional copy		sed)
	MAII	LING ADDRESS:	STREET/C	COURIER ADDRES	SS:		

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

INCA LIFE PRO	ODUCTS LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iability Company)	n our recorus.)			
The Articles of Organization for this Limited Liability Company Florida document numberL10000095178	were filed on <u>S</u>	EPT 13,2010	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and end with the words "Limi" "L.L.C."	ited Liability Company,	"the designation "LLC	" or the abbreviation		
Enter new principal offices address, if applicable:	8800 NW 5TH S	ST			
(Principal office address MUST BE A STREET ADDRESS)	PEMBROKE PI	NES FL 33024			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		TALLAHASSEE, FI	_ s		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our <u>e</u> :	records, enter the	name of the nev		
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
		, Florida	71. 0. 1		
	City	2	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** <u>Name</u> <u>Address</u> **Type of Action** MGR **DORIS BODET** 8800 NW 5TH ST ☑ Add Remove PEMBROKE PINES FL33024 DIANA RABANAL MGRM 149 morris dr ☐ Add east meadow nv 11554 Remove ☐ Add Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) September 17 2010 Dated Signature of a member or authorized representative of a member **DORIS BODET**

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00