L10000703265

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EXAMINER

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COVER LETTER

TO:

то:	Registration Se Division of Cor				
SUBJECT: INCITE S		INCITE SO	LUTIONS, L.L.C.		
- 4		Name of Limit	ed Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
	KERRY ANN SCHULTZ, E		ANN SCHULTZ, ESC	QUIRE	SEC SEC
			Name of Person		SECRETARY
		FOUNTAIN,	SCHULTZ & ASSOCIATES, L.P.		SSE C
			Firm/Company		
		2045 FOUNTA	FOUNTAIN PROFESSIONAL CT., SUITE A		000
			Address		
			IAVARRE, FL 32566		<u>-</u>
			City/State and Zip Code		
			hultz@FountainLaw.c		
For fur	ther information c	oncerning this matter, please co	all:		
		nda L. Turley	at (<u>850</u>)	939-3535	
	Name o	f Person	Area Code &	Daytime Telephone Numb	er
Enclos	ed is a check for the	ne following amount:			
₹ 25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er	nclosed) Certifie	iling Fee, cate of Status & ed Copy onal copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registration Division of Clifton Buil	Corporations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INCI	TE SOLUTIONS, L.L.C	2	Ties 7
(Name of the Limited Li (A Fl	ability Company as it now appea orida Limited Liability Company)	rs on our records.)	- N
The Articles of Organization for this Limited Liabs Florida document numberL1000010326	• • •	June 16, 2011	and Ligned
This amendment is submitted to amend the following	ing:		**
A. If amending name, enter the new name of th	e limited liability company he	re:	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Comp	any," the designation	'LLC" or the abbreviation
Enter new principal offices address, if applicable	le:	·	
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Er	nter Florida street aa	dress
-	Cit	, Florida _	Zip Code
	City		Lip 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 <u>Title</u> <u>Name</u> <u>Address</u> Type of Action **MGRM** Scott Rayner ☑ Add 3 Center Street Remove Gulf Breeze, Florida 32561 MGRM Naila Haffar ☐ Add 3 Center Street √ Remove Gulf Breeze, Florida 32561 $\prod Add$ ☐ Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ture of a member or authorized representative of a member Scott Rayner Typed or printed name of signee

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Filing Fee: \$25.00