

L10000703265

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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(Document Number)

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**A. LUNT**

JUL 25 2011

**EXAMINER**

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07/23/12--01047--014 \*\*25.00

**FILED**  
2012 JUL 23 09 55 AM  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** INCITE SOLUTIONS, L.L.C.  
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:

KERRY ANN SCHULTZ, ESQUIRE

Name of Person

FOUNTAIN, SCHULTZ & ASSOCIATES, L.P.

Firm/Company

2045 FOUNTAIN PROFESSIONAL CT., SUITE A

Address

NAVARRE, FL 32566

City/State and Zip Code

KASchultz@FountainLaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brenda L. Turley

Name of Person

at ( 850 )

939-3535

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)

### 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

FILED  
2012 JUL 23 PM 5:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2012 JUL 23 PM 05:14  
and signed  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**(Name of the Limited Liability Company as it now appears on our records.)**  
(A Florida Limited Liability Company)

**This amendment is submitted to amend the following:**

## Page 1 of 2

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:

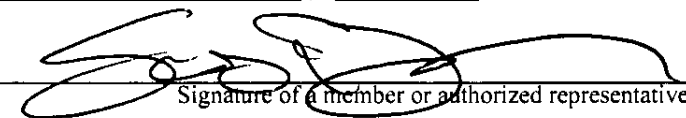
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Scott Rayner	3 Center Street Gulf Breeze, Florida 32561	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Naila Haffar	3 Center Street Gulf Breeze, Florida 32561	<input type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 7-18, 2012

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Scott Rayner  
\_\_\_\_\_  
Typed or printed name of signee

FILED  
2012 JUL 23 PM 5:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA