12161000017

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





300310941283

03/26/18--01018--015 **52.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N COOPER APR 23 2019



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 26, 2018

CYNTHIA LUCK P.O. BOX 4373 TEQUESTA, FL 33469

SUBJECT: INCOME PROPERTY MANAGEMENT LLC

Ref. Number: L10000122181

We have received your document for INCOME PROPERTY MANAGEMENT LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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.

Stacey M Warren Regulatory Specialist II

Letter Number: 718A00006042

MECELVED

MIRAPRIG PHIZ: 4.0

DEPARTMENT OF STATE

TALLAHASSEE, FLIBST

COVER LETTER

Division of Corp			
SUBJECT: Inco	ome Property Managemer	nt LLC	
Division of Corporations SUBJECT: Income Property Management LLC Name of Limited Liability Company The enclosed Articles of Amendment and fce(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Cynthia Luck Name of Person Income Property Management LLC Firm/Company P.O. Box 4373 Address Tequesta, FL 33469 City/State and Zip Code incomeproperty.mgr@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cynthia Luck at (561) Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array} \text{\$\frac{561}{2}\$} & \text{\$\frac{891-9333}{2}\$} \\ \text{Daytime Telephone Number} \end{array}			
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Cynthia	ı Luck	
	Income		LLC
		Firm/Company	
	P.O. E		
		Address	
	Teque		
	incomeproper	ty.mgr@gmail.com	
	E-mail address: (t	to be used for future annual rep	port notification)
For further information of	oncerning this matter, please ca	alt:	
		· · · · · · · · · · · · · · · · · · ·	
Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &

MAILING ADDRESS: Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassec, 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

Income Prope	rty Management LLC	
(<u>Name of the Limited Li</u> (A F	ability Company as it now appears on our records orida Limited Liability Company)	<u>F)</u>
The Articles of Organization for this Limited Liabili	y Company were filed on November 2	9, 2010 and assigned
Florida document numberL1000122181	•	
This amendment is submitted to amend the followin	5'	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	202 Seabreeze Cir	
(Principal office address MUST BE A STREET A	DDRESS) Jupiter, FL 33477	_⊼ ∽
		38 CE
		MAR A
Enter new mailing address, if applicable:		ARY ASSE
(Mailing address MAY BE A POST OFFICE BOX) P.O.Box 4373		78 E OF
	Tequesta, FL 33469	: 1. COT
		TT REF
B. If amending the registered agent and/or registered agent and/or the new registered office		s, enter the name of the new
Name of New Registered Agent:	Cynthia Luck	
New Registered Office Address:	202 Seabreeze Circle	
	Enter Florida street addres	
_		orida33477
	City	Ziv 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>	Name	Address	Type of Action
MGR	Cynthia Luck	202 Seabreeze Circle	⊠ Add
		Jupiter, FL 33477	Remove
			Change
Mgr	Mgr Patricia Halty	1004 Summerwinds Lane	□ Add
		Jupiter, FL 33458	Z Remove
		☐ Change	
Mgr	Mgr Julio Halty	1004 Summerwinds Lane	
		Jupiter, FI 33458	☐ Remove
			Change
····			
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			Remove
			Change

If amending any other information, er	g (c)				

			<u> </u>		
		, , , , ,		=	TALL.
				MAR 26	AHA
					SSE
				- 3	F
					ORID
					>
		-,		···	
			N		
			·		

Effective date, if other than the date of (If an effective date is listed, the date must be specified. If the date inserted in this block does document's effective date on the Department.	cific and cannot be prior t es not meet the applica	o date of filing or mor ble statutory filing	requirements, this date) Pursuant to 605.02	:07 (3) as the
the record specifies a delayed effect The 90th day after the record is		an effective tin	ne, at 12:01 a.m.	on the earlier	of:
Dated April 3, Cyrthia Suck Signature	2018 Authorized a member or authorized a member of a member or authorized and a member of authorized and a member of a member	rized epresentative o	a member		
<u>.</u>	I		1 1 / 1/11	1	

Page 3 of 3

Filing Fee: \$25.00