## L11000128350

(Re	equestor's Name)			
(Ad	ldress)			
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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12 JUL 30 PH 1: 52 SECRETARY OF STAIL TALLAHASSEE, FLORIDS

D. BRUCE
JUL 3 1 2012
EXAMINER

## **COVER LETTER**

то:	Registration Se Division of Cor					
SUBJECT: INKA SERVICES, L.L.C.						
0000		Name of Limit	ed Liability Company			
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
MARIO ALACOR SR				<del></del>		
Name of Person						
INKA SERVICES, L.L.C.						
Firm/Company						
304 PALMVIEW COURT						
Address						
City/State and Zip Code						
			Zs →			
	E-mail address: (to be used for future annual report notification)			on)	ECR	_
For fur	ther information c	oncerning this matter, please c	all:		12 JUL 30 SECRETARY ALLAHASSE	AFFAX
	MARI	O ALACOR SR	at ( 321 ) 746	5-5000		
	Name o	f Person	Area Code & Daytime Tel	ephone Number	2 JUL 30 PH 1:52 ECRETARY OF STATE LLAHASSEE, FLORID	
Enclose	ed is a check for th	ne following amount:			4.4	
<b>□\$25</b>	.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 Sta Certified Copy (additional copy	atus &	,
j, '**						

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	NKA SERVI				
( <u>Name of the Limited</u>	Liability Compa Florida Limited I	ny as it now appear Liability Company)	s on our records.)		
The Articles of Organization for this Limited L	iability Company	were filed on	11/10/2011	and assigned	
Florida document numberL11000126	8350				
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	oility company her	<u>e</u> :		
	N/A				
The new name must be distinguishable and end wi "L.L.C."	th the words "Lim	ited Liability Compa	ny," the designation "L	LC" or the abbreviation	on
Enter new principal offices address, if applic	able:	N/A		SECONOMIC NAME OF THE PROPERTY	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>			
		<u></u>		30 ARY ASSE	ER
				<b>P</b> #	(D)
Enter new mailing address, if applicable:				- CO -	
(Mailing address MAY BE A POST OFFICE BOX)		N/A		<u> </u>	
B. If amending the registered agent and			our records, <u>enter t</u>	ne name of the ne	<u>:w</u>
registered agent and/or the new registered o	ffice address hei	<u>re</u> :			
Name of New Registered Agent:	N/A			<u> </u>	
New Registered Office Address:	N/A	r	. Fl. (1		
		Enter Florida street address			
		City	, 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 Type of Action Title Name Address ANGEL D ALFARO MGR 70 LAKE VILLA WAY ✓ Add Remove KISSIMMEE, FL 34743\_ ☐ Add Remove ☐ Add ☐ Remove Remove  $\square$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2012 JULY 25 Dated\_ orgnature of a member or authorized representative of a member MARIO ALARCON

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00

APPROVED AND FILED