

L11000136361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

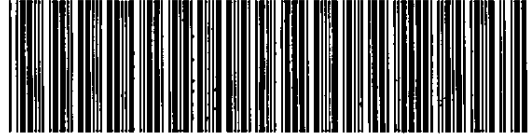
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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05/13/16--01011--006 **25.00

FILED
16 MAY 26 PM 5:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 03 2016
Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
23 MAY 31 PM 4:28
TALLAHASSEE, FLORIDA

May 17, 2016

ELSA CRISTA OBAL
10605 SW 87 AVENUE
MIAMI, FL 33176

SUBJECT: INGSA, LLC
Ref. Number: L11000136361

We have received your document for INGSA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 316A00010364

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INGSA LLC
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:

ELSA CRISTOBAL
Name of Person
INGSA LLC / PERSONAL Registered Agent
Firm/Company
10605 S.W. 87 AVENUE
Address
MIAMI, FL 33176
City/State and Zip Code
elsa.cristo@hotmail.com, lnsalomon@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELSA CRISTOBAL at (305) 793-8476
Name of Person 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

INGSA LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12-05-11 and assigned
Florida document number 211000136351

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

(Principal office address MUST BE A STREET ADDRESS)

Grat, Pacheco No. 818
MARTINEZ, SAN ISIDRO (CPA 1640)
Buenos Aires, Argentina

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

ELSA CRISTOBAL
PO BOX 561168
MIAMI FL. 3256-1168

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ELSA CRISTOBAL

New Registered Office Address:

10605 SW 87 AVE

Enter Florida street address

Miami

Florida

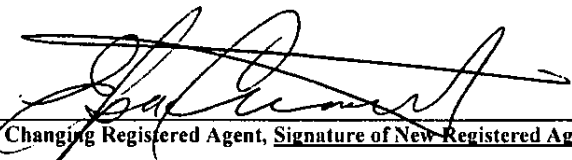
City

Zip Code

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MAY 26 PM 5:48
TALLAHASSEE, FLORIDA
7/13/16

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.


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

Title	Name	Address	Type of Action
President	Ruben Oscar Salomon	- 55%	<input checked="" type="checkbox"/> Add
	Address:	Gral Pacheco N° 818 Martinez, San Isidro (CP 1640) Buenos Aires, Argentina	<input type="checkbox"/> Remove <input type="checkbox"/> Change
MANAGER	Ana Cecilia Perez	- 15%	<input checked="" type="checkbox"/> Add
	Same		<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Director	Luciano Nahuel Salomon	- 10%	<input checked="" type="checkbox"/> Add
	Same		<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Director	Pablo Nicolas Salomon	- 10%	<input checked="" type="checkbox"/> Add
	Same		<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Director	Rocio Belen Salomon	- 10%	<input checked="" type="checkbox"/> Add
	Same		<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

16 MAY 26 PM 5:48
TALLAHASSEE, FLORIDA

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16 MAY 26 PM 3:46
DEPT. ARMY OF STATE
TALLAHASSEE, FLORIDA

16 MAY 26 PM 5:40
U.S. ARMY OF JAPAN
TALLAHASSEE, FLORIDA

100

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

MAY 26, 2016

Signature of a member or authorized representative of a member

Elsa CRISTOBAL

Typed or printed name of signee