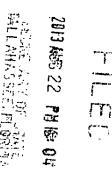
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	· .	
(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	inceppolis Do	elivery LLC	
	Name of Limit	ted Liabilits Company	
	Amendment and fee(s) are sub		
	Darren	Rabb Name of Person	2 913
	minnea	polis Devery L Firm/Company	上C
	3586 alomo	Address	
	Winter Parl	City/State and Zip Code	전화 용어 에
	<u>darren a</u> E-mail address: (1	darren rabb. como o be used for future annual report notificat	ion)
For further information of	concerning this matter, please c	all:	
Danan Name o	Roloh f Person	at (407) 913- 53 Area Code & Daytime To	355 elephone Number
Enclosed is a check for the	he 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

_ muneapol		
(<u>Name of the Limited Liat</u> (A Flor	bility Company as it now appears on our recording Limited Liability Company)	<u>ds.</u>)
	26 7 17	カス
The Articles of Organization for this Limited Liabil		
Florida document number <u>L120000 5 403</u>	<u>.</u> .	
This amendment is submitted to amend the followin	ng:	
A. If amending name, <u>enter the new name of the</u>	limited liability company here:	
	1 of the Little Community design	Signature and the second
The new name must be distinguishable and end with the 'L.L.C."	words "Limited Liability Company," the design	anon LLC of the aboreviation
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET A	DDRESS)	65 N T
		77.0
		ES E
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or r		enter the name of the new
registered agent and/or the new registered office	address here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	and address.
_	, Flor	
	City	Zip 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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

Title	Name	Address	Type of Action
manager	geasica Robb	3586 aloma Ov, St. 13	Add
•	· ·	3586 aloma Ovr, St. 13 Winter Park, FL 32792	Remove
			
			Add
			Remove
			2013
<u></u>		(2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Add.
		Ling (Remove
		四 知 知 形	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated	angust 12, 2013.
	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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