

L12000100463

(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:

No Charge —

Accepted Art of Chg. w/ same  
name as another entity —

Name Chg. Amend filed

at no Charge

Office Use Only

*[Signature]*



400251059214

FILED  
14 MAR 10 AM 9:59  
STATE OF TEXAS  
TAMU SYSTEMS

M. MILLIGAN  
EXAMINER

MAR 11 2014

03/10/2014

**Christie Arkovich**

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**From:** Milligan, Michelle <Michelle.Milligan@DOS.MyFlorida.com>  
**Sent:** Tuesday, February 25, 2014 11:15 AM  
**To:** ccalaw@tampabay.rr.com  
**Cc:** newck@aol.com  
**Subject:** LLC name granted in error for "In Rem Solutions, LLC", #L12000100483  
**Attachments:** cr2e049.pdf

**Importance:** High

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Good morning;

Our office has been notified that we filed your limited liability company under the same name of another active entity on our records in error. Therefore, it is requested that you file an amendment, at no charge, to change the name of your limited liability company to make it distinguishable from the existing entity. The name and document number of the existing entity is "In Rem Solutions, Inc.", #P94000017969. The LLC amendment form is attached for your convenience.

*— Attached & signed.*

I sincerely apologize for this inconvenience and trust that you understand the urgency in completing this amendment and returning it along with a copy of this email to my attention as soon as possible. You may fax the completed document to my attention at 850-245-6030 or email it to me.

If you would like to discuss this matter further, please contact me directly at 850-245-6027.

Thank you,

Michelle Milligan  
Michelle Milligan  
Senior Section Administrator  
Division of Corporations  
Bureau of Commercial Recording  
850-245-6027

@ItsWorkingFL



The Department of State is committed to excellence.  
Please take our Customer Satisfaction Survey.

03/10/2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: In Rem Solutions, 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:

Christie D. Arkovich

Name of Person

Christie D. Arkovich, P.A.

Firm/Company

1520 W. Cleveland St.

Address

Tampa, FL 33606

City/State and Zip Code

cdalaw@tampabay.rr.com

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

For further information concerning this matter, please call:

Christie D. Arkovich

Name of Person

at (

813) 258-2808

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

*Waived per mail*

☐ \$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

03/10/2014

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

14 MAR 10 AM 9:59

In Rem Solutions, 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 08/06/2012 and assigned  
Florida document number L12000100463

This amendment is submitted to amend the following:

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

In Rem Phoenix, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1520 W. Cleveland St.

(Principal office address MUST BE A STREET ADDRESS)

Tampa, FL 33606

Enter new mailing address, if applicable:

1520 W. Cleveland St.

(Mailing address MAY BE A POST OFFICE BOX)

Tampa, FL 33606

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:

New Registered Office Address:

Enter Florida street address

, Florida

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 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

03/10/2014

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

03/10/2014

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

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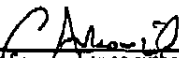
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E. Effective date, if other than the date of filing: \_\_\_\_\_ *(optional)*  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated Mar 10, 2014.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Christie D. Arkovich  
\_\_\_\_\_  
Typed or printed name of signer