

L13000122148

(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:

Amend

Office Use Only



300252257463

10/07/13--01031--017 **25.00

FILED
13 OCT -7 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]
OCT 8 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ENCASA G.I. LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Guliy Rodriguez
(Contact Person)

ENCASA G.I. LLC
(Firm/Company)

609 Casa Park Ct. D
(Address)

Winter Springs FL 32708
(City/State and Zip Code)

For further information concerning this matter, please call:

Guliy Rodriguez at 407, 879-0720
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

INCARA GT 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 08/28/13 and assigned
Florida document number L13000122140

FILED
OCT - 7 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

155 Seaton Way
Davenport FL 33897

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

609 Casa Park Ct. D
Winter Springs FL 32708

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:

Yuley Rodriguez
155 Seaton Way
Enter Florida street address
Davenport, Florida 32807
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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
-------	------	---------	----------------

MGR	Maelyn de la Maggno	155 Seaton Way Davenport FL 33897	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
-----	---------------------	--------------------------------------	--

MGRM	Claudio de la Maggno	155 Seaton Way Davenport FL 33897	<input checked="" 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

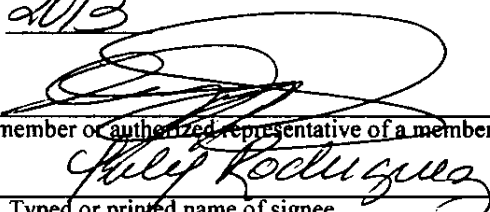
13 OCT - 7 PM 3:23

FILED

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

Dated 09/26, 2013

Signature of a member or authorized representative of a member


Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
13 OCT -7 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA