

L1500099063
Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : TAXLEAF.COM INC
Account Number : 120140000084
Phone : (305) 541-3980
Fax Number : (888) 772-8108

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ISINCOR LLC**

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TALLAHASSEE, FLORIDA

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H18000235578 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ISINCOR LLC

(Name of the Limited Liability Company as it now appears on our records,
or a Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on NOVEMBER, 25TH, 2015
Florida document number L15000199063

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)

2128 MARINER BLVD

SPRING HILL, FL 34609

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2128 MARINER BLVD

SPRING HILL, FL 34609

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

City, Florida

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

Page 1 of 3

H18000235578 3

H18000235578 3

By 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>
			☐ Add
			☐ Remove
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H18000235578 3

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

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 AUGUST, 10TH 2018

Signature of a member or authorized representative of a member

ANTONINO PARLAPIANO CASTRO

(Typed or printed name of signee)

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