

L16000006685

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

JUN 19 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INCITE SPEAKER SERIES, 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:

ASHLEY KLEBBA  
Name of Person

Firm/Company

7300 W. CAMINO REAL SUITE 200  
Address

BOCA RATON, FL. 33433  
City/State and Zip Code

A.KLEBBA@ETCFL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ASHLEY KLEBBA at (561) 860-5015  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee.<br>Certificate of Status &<br>Certified Copy<br>(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

INCITE SPEAKER SERIES, 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 1/8/2010 and assigned Florida document number L16000006685.

This amendment is submitted to amend the following:

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

INCITE TALKS, LLC  
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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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: ASHLEY KUEBBA

New Registered Office Address: 138 SW 12TH AVE  
Enter Florida street address

DELRAY BEACH, Florida 33444  
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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	STATLANDER, DAN	138 SW 12 <sup>TH</sup> AVE.	<input type="checkbox"/> Add
		DELRAY BEACH, FL. 33444	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FRIST, AYA	138 SW 12 <sup>TH</sup> AVE	<input type="checkbox"/> Add
		DELRAY BEACH, FL. 33444	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GUARUCCI, LINDA	138 SW 12 <sup>TH</sup> AVE	<input checked="" type="checkbox"/> Add
		DELRAY BEACH, FL. 33444	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JUNE 12, 2017

Signature of a member or authorized representative of a member

MICHAEL NUSSBAUM

Typed or printed name of signee

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