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## COVER LETTER

TO: **Registration Section Division of Corporations** 

SUBJECT:

Ingledon 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:

Michael Sreshta Name of Person Ingledon LLC Firm/Company 6408 dorset lane. Address Solon,Ohio, 44139 City/State and Zip Code sreshtamichael@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 4033012 216

Name of Person

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Enclosed is a check for the following amount:

S25.00 Filing Fee

Michael Sreshta

□ \$30,00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

Area Code

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S60.00 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 Address: **Registration Section Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Davtime Telephone Number



2022 SE? 15 AMII: 11

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 17, 2022

MICHAEL SRESHTA 6408 DORSET LANE SOLON, OH 44139

SUBJECT: INGLEDON, LLC Ref. Number: L16000022942

We have received your document for INGLEDON, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must send all pages of the Amendment Form. Missing the required signature page.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 022A00018313

ARTICLES OF AMENDM TO ARTICLES OF ORGANIZ OF	
Ingledon LLC	2022 SEP 15 AM ID: 1.
(Name of the Limited Liability Company as it now ap	pears on our records.)
Ingledon LLC ( <u>Name of the Limited Liability Company as it now ap</u> (A Florida Limited Liability Compa	TALLAHASSEE VI
The Articles of Organization for this Limited Liability Company were filed or	
florida document number 1.16000022942	
This amendment is submitted to amend the following:	<u>v here</u> :
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liability compan</u> The new name must be distinguishable and contain the words "Limited Liability Company."	
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liability compan</u> The new name must be distinguishable and contain the words "Limited Liability Company,"	
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liability compan</u> The new name must be distinguishable and contain the words "Limited Liability Company." Enter new principal offices address, if applicable:	the designation "LLC" or the abbreviation "L.L.C."
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liability compan</u> Fhe new name must be distinguishable and contain the words "Limited Liability Company," Enter new principal offices address, if applicable:	the designation "LLC" or the abbreviation "L.L.C."
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liability compan</u> The new name must be distinguishable and contain the words "Limited Liability Company." Enter new principal offices address, if applicable:	the designation "LLC" or the abbreviation "L.L.C."
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liability compan</u> The new name must be distinguishable and contain the words "Limited Liability Company," Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRESS</u>	the designation "LLC" or the abbreviation "L.L.C."

#### agent and/or the new registered office address here:

Name of New Registered Agent:	Michael Sreshta	
New Registered Office Address:	7831 Estero Boulevard	
	Enter Florida street address	
	Fort Myers Beach	, Florida <sup>33931</sup>
	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.

Uncarl Anois

If Changing Registered Agent, Signature of New Registered Agent

If aniending Authorized Persons) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

### MGR = Manager AMBR = Authorized Member

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

TALL AND ASSEE

E. Effective date, if other than the date of filing: \_\_\_\_\_\_(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

9/1/22 Thecal Arshi Dated \_\_\_\_

Signature of a member or authorized representative of a member

MICHAEL SAESHTA

Typed or printed name of signee