116000160087

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



100289876741

09/12/16--01012--001 **25.00

LLAHASSEE FLORIDA

Paye

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: INCOME HOLDINGS MANAGEMENT, UC 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:
JUSTIN S. CERNATO Name of Person
HEAD MOSS, FUCTON & GRIFFIN, P.A.
1530 BUSINESS GENTER DR. SUITE 4
City/State and Zip Code City/State and Zip Code Cerva to Concert Mead Muss for Italy. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Just w 6. Ceratio at (904) 541-4530 Name of Person Area Code Daytime Telephone Number
Name of Posoni Auditor
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$\$ Certificate of Status & Certified Copy (additional copy is enclosed)\$\$\$ Certified Copy (additional copy is enclosed)\$\$\$\$ 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TNCOME HOLSINGS MANAGEMENT, LIC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A FIORIDA LITTURE LI	aomity Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L1600016008</u> .7	vere filed on Avcust	26, 2016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile THOUME HOLDINGS PROPERTY The new name must be distinguishable and contain the words "Limited Liability".		,uc
The new name must be distinguishable and contain the words "Limited Liabilit Enter new principal offices address, if applicable:	y Company," the designation "	SEP 1
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		E, FLOR DA
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here: Name of New Registered Agent:		ords, <u>enter the name of the nev</u>
New Registered Office Address:	Enter Florida street ad	dress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties vovided for in Chapter 60	, and I am familiar with and 05, F.S. Or, if this document is

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
		•	
			□ Remove
			Change
			Add
			Remove
			Ø: Ū Ø: Ū MI □ Add
			Remove
		-	
			□ Remove
			☐ Change
			Add
			Remove
			□ Change

 -								
		• • • • • • • • • • • • • • • • • • • •						
							SE SE	
							EJ 12	
							SEE.	,
							2013	
	<u> </u>				· • • • • • • • • • • • • • • • • • • •			
				<u>-</u>				
4							<u> </u>	

Cffootive date	. :6 o4h ou 4h ou	Ale detection	•				N	
If an effective dat Note: If the dat	te is listed, the dat ate inserted in th	the date of filite must be specific a is block does no he Department o	and cannot be protect the app	ior to date of fili licable statuto	ing or more than 9	(option 00 days after fil ements, this day	ary ing.) Pursuant to 605.0 ate will not be listed	0207 d as
ne record sp The 90th c	ecifies a dela lay after the	ayed effective record is filed	date, but	not an effec	ctive time, a	: 12:01 a.n	n. on the earlie	r of
Dated	ERTEMI	BER8	<u>, 201</u>	<u>6</u> .				
			1	Λ <i>-</i>				
	<u> </u>	Signature of	a member or at	thorized represe	entative of a men	ber		
		TUSTIN	1	Λ				

Page 3 of 3

Filing Fee: \$25.00