

L160000197872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

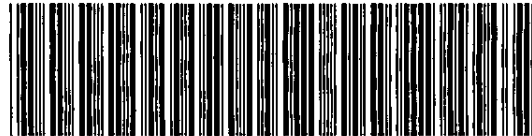
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
15 NOV 21 PM 3:32

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Incubest Services, 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:

LIDBEN Sanchez

Name of Person

Lidben Sanchez

Firm/Company

9070 SW 169th Path

Address

Miami, FL 33196

City/State and Zip Code

JAGUTIERREZ@ONTIMESS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE A. GUTIERREZ

Name of Person

at (786)

Area Code

488-8884

Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 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/COURIER ADDRESS:

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

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TALLAHASSEE, FLORIDA

Incubest Services, LLC

The Articles of Organization for this Limited Liability Company were filed on 10/26/16 and assigned Florida document number L160000197872.

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

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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	PENALOZA, MARIA	9070 SW 169 th Pkth	☐ Add
		Miami FL 33196	☒ Remove
			☐ Change
MGR	PENALOZA, MARIA	9070 SW 167 th Pkth	☒ Add
		Miami FL 33196	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Add
			☐ Remove
			☐ Change

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 OFFICE OF THE
 ATTORNEY GENERAL
 TALLAHASSEE, FL 32301-0001

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

Handwritten signature across the page.

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SECRETARY OF STATE
TALLAHASSEE, FL 32310

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.

Dated 11/17, 2016.

Lidben Sanchez

Signature of a member or authorized representative of a member

LIDBEN SANCHEZ.

Typed or printed name of signee