

**Florida Department of State**  
 Division of Corporations  
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LLC 000223561

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

From: Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC  
 Account Number : I20060000012  
 Phone : (305)826-5886  
 Fax Number : (305)722-0535

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

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2022 DEC 13 PM 9:45

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 DEPARTMENT OF STATE  
 MARTIN COLLANTE  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 INCIARTE INVESTMENTS, LLC**

Certificate of Status	0
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C. BRUMBLEY

DEC 14 2022

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INCIARTE INVESTMENTS, 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 12/09/2016 and assigned Florida document number L16000223561.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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

2022 DEC 13 12:33 PM  
STATE OF FLORIDA  
SECRETARY OF STATE

FILED

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>
AMBR	INCIARTE, CLARK	8445 NW 168TH TERR	<input type="checkbox"/> Add
		MIAMI LAKES, FL 33016	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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**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 DECEMBER 9TH, 2022

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

KATIUSCA MORENO

\_\_\_\_\_  
Typed or printed name of signee