

4/14/2020

(FAX TRANSMISSION) To: 18506176383 From: 19547279773 Pages: 5  
Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LAMADRID FINANCIAL SERVICES CORP  
Account Number : 120200000059  
Phone : (954)727-9771  
Fax Number : (954)727-9773

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

Email Address: \_\_\_\_\_

2020 APR 14 AM 8:55

RECEIVED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
INCEKAR GROUP II LLC

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APR 15 2020

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: INCEKAR GROUP II 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:

CESAR BATISTA

Name of Person

INCEKAR GROUP II LLC

Firm/Company

1851 CORDOBA RD

Address

FORT LAUDERDALE, FL 33316

City/State and Zip Code

ADMIN@INDAKARCOMPANY.COM

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

For further information concerning this matter, please call:

CESAR BATISTA

407 967-2231  
at ( )

Name of Person

Area Code

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

INCEKAR GROUP II 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 04/07/2017 and assigned  
Florida document number L17000078254.

This amendment is submitted to amend the following:

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

SK FITNESS II 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)

9900 GRIFFIN RD

COOPER CITY, FL 33328

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9900 GRIFFIN RD

COOPER CITY, FL 33328

**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:

N/A

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**

[illegible]

2020 APR 4, 11:08:55

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.

Cesar Batista  
Signature of a member or authorized representative of a member

Typed or printed name of signer

**Filing Fee: \$25.00**