117000134625

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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03/13/18--01025--031 **25.00



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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is
	Second Properties, CCC.
2.	The Articles of Organization were filed on $\frac{c}{d}$ and assigned
	document number <u>(/00004/297</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing) 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.
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
	There is only me managed Menter left
	There is only me managing Member left in the UC (myself) and I consent/desire
	to dissolve the CCC.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs:
	第一
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
	UII Con
	Signature Printed Name

FILING FEE: \$25.00

COVER LETTER &

TO: Registration S Division of Co		. •	
SUBJECT:	ntec Marke	Fing, LLC.	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Marcus Mer	cado Name of Person	
	Intec Mo	Name of Person Weting LLC Firm/Company	,
	1621 Se Fa	aifield St. Address	
	Port St. L	City/State and Zip Code	
	M J M E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c		•
		at (<u>754</u>) <u>235- 3</u> Area Code Daytime	3974
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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Inter Marketing	ill C.	
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000134625</u> .	were filed on 0(0/20/17	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbrevia	ation "L.L.C."
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 of registered agent and/or the new registered office address her		name of the new
Name of New Registered Agent:		
New Registered Office Address:		- 45T
-	Enter Florida street address	≥ 3×0
	, Florida	SE SE
	City Zi	p Codko III
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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kyle Karapchinsky	176 inlet Dr.	Add
	, ,	Pasadena, MD 21122	X Remove
			Change
MGR	Marcus Merado	luzt se fairfield St. Portst. Lucre, Fr. 34183	
		Portst. Lucre, Fr. 34183	□ Remove
			Change
			Add
			□ Remove
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Filing Fee: \$25.00