

W18000127727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

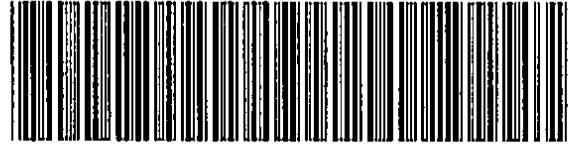
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/06/22--01025--003 **52.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 JUN 10 PM 3:19

T. MATTHEWS

JUL - 6 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 JUN 10 AM 8:09

SEN. J. B. BURKE
TALLAHASSEE, FL

May 2, 2022

MARIA CAROLINA PICO
11260 FORTUNE CIRCLE, STE J2
WELLINGTON, FL 33414

SUBJECT: INHOUSE EXPRESSIONS, L.L.C.
Ref. Number: L18000127727

We have received your document for INHOUSE EXPRESSIONS, L.L.C. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews
OPS

Letter Number: 922A00009700

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INHOUSE EXPRESSIONS 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:

MARIA CAROLINA PICO
Name of Person

INHOUSE EXPRESSIONS LLC
Firm/Company

17260 FORTUNE CIRCLE SUITE J2
Address

WELLINGTON, FL 33414
City/State and Zip Code

MARIA.C.PICO@ICLOUD.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA C PICO at (561) 789-6609
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

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	Diego Cuno	11260 FORTUNE CIRCLE	<input type="checkbox"/> Add
		Suite J2. Wellington, FL 33414	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Allison D. Nobles	11260 FORTUNE CIRCLE	<input checked="" type="checkbox"/> Add
		Suite J2. Wellington, FL 33414	<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

[illegible]

(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)

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 May 31st, 2022

Canolida PicoU

Signature of a member or authorized representative of a member

Maria Concetta Pica U

Typed or printed name of signee