# K18000127727

(Re	questor's Name)	
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(City	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
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Special Instructions to I	Filing Officer:	
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Office Use Only



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22 JUN 10 PM 3: 19

T. MATTHEWS

JUL -6 2022

RECEIVED

2022 JUN 10 AN 8:09

STORAGE TALLEGORING

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**

SUBJECT:	Name of Limi	CALESSICKS L	LC_
The enclosed Articles of Art	nendment and fee(s) are sub-	nitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	MARIA	CAROLLA Pico Name of Person	
	INHOUSE	Firm/Company	LLC
	11260 FOR	JUVE CIRCLE Address	suite J2
WELLINGTON, FL 33414 City/State and Zip Code			
-	MAILIACDI E-mail address: (u	o be used for future annual report notifi	ication
For further information conc			
MARIA C 1 Name of Pe	Pico	at ( <u>561)</u> 789- Area Code Daytime	6609 Telephone Number
Enclosed is a check for the f	ollowing 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:		Street Address:	

TO:

Registration Section **Division of Corporations** 

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

FILLS SECRETARY OF STATE DIVISION OF CORPORATION

22 JUN 10 PM 3: 19

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on o liability Company)	our records.)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number L18000127727	were filed on $\frac{05/22/20}{}$	018	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designa	ition "LLC" or the abbre	viation "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 office a agent and/or the new registered office address here:	ddress on our record	ls, <u>enter the name o</u>	f the new registered
Name of New Registered Agent:			·
New Registered Office Address:			
Trem registered office registers.	Enter Florida street address		
		, Florida	
New Registered Agent's Signature, if changing Registered Agent:	City		Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my oprovided for in Chap	luties, and I am fan ter 605, F.S. Or, if i	uiliar with and this document is

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>	Address	Type of Action
MGR	Diego Cano	11260 FORTUNE CIRCLE	□Add
		Suite TZ. Wellington, FL 3341	4_ <b>≭</b> Remove
			□Change
MGR	Allison D. Robles	11260 FOCTUBE CINCLE	<b>X</b> !Add
		Swite J2. usellington, Fl 334	<b>11</b> 4□Remove
			□Change
			□Add
			□Remove
			☐ Change
			DAdd
			□Remove
			🗆 Change
	<del></del>		🗆 Add
			□Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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. Signature of a member or authorized representative of a member Maria Caro Liva Pia U
Typed or printed name of signee

Filing Fee: \$25.00