L18000228777

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COVER LETTER

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TO: Registration So Division of Cor	ection	n de la	
INCA COU SUBJECT:	JNSELING LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Thomas Gregorio Cabe	llo	
		Name of Person	
		Firm/Company	<u></u>
	9320 Randal Park Blvd,	Apt 10116	
		Address	
	Orlando, FL 32832		
	tgcabello1@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifica	ution)
For further information of	concerning this matter, please co	all:	
Thomas Cabello		203 280-3224 at ()	
Name o	f Person		elephone Number
Enclosed is a check for t	he 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 State Certified Copy (additional copy is enc

MAILING ADDRESS:

Registration Section **Division of Corporations** P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE
TALLAHAS SEE, FLORIDA

INCA COUNSELING 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 C	Company were filed on 05/22/2018	and assigned
Florida document number L18000128777	<u></u> -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		·
D. If amonding the projectored court and/or and		
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, <u>dress here</u> :	enter the name of the new
		
Name of New Registered Agent:		
New Registered Office Address:		
Negistered Office Addicas.	Enter Florida street address	- · · · · · · · · · · · · · · · · · · ·
	, Flor	rida
	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 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>	Type of Action
MGR	Thomas Gregorio Cabello	9320 Randal Park Blvd, Apt 10116, Orlando	o, FL 32832 ■ Add
			□ Remove
			Change
			□ Add
			Remove
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		OF
	07/27/2018	((° 1)
	be specific and cannot be prior to date	(optional) e of filing or more than 90 days after filing.) Pursuant to 605,020
ite: If the date inserted in this blocument's effective date on the De	ock does not meet the applicable s	statutory filing requirements, this date will not be listed a
	,	
		effective time, at 12:01 a.m. on the earlier of
The 90th day after the reco		
27th July	2018	
ted		

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Typed or printed name of signee

Filing Fee: \$25.00