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COVER LETTER

Division of Corporations INCLAN ACCOUNTING SERVICES LLC SUBJECT: 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: DARIEL INCLAN Name of Person INCLAN ACCOUNTING SERVICES LLC Firm/Company **6295 WEST 16TH AVE** Address HIALEAH, FL 33012 City/State and Zip Code darielinclan@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dariel Inclan 728-5347 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy

MAILING ADDRESS:

TO:

Registration Section

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INCLAN ACCOUNTING SERVIC	ES LLC		
(Name of the Limite	d Liability Company a A Florida Limited Liabi	s it now appears on our records.) lity Company)	
The Articles of Organization for this Limited Lia Florida document number L18000196390	ability Company we	re filed on	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability	company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability C	Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applica	ble:		DIV.s
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>		SION AUG
	_		<u> </u>
Enter new mailing address, if applicable:	_		PH G
(Mailing address MAY BE A POST OFFICE B	<u> </u>		3: 07
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B. If amending the registered agent and/or registered agent and/or the new registered off		address on our records, enter the	ne name of the new
Name of New Registered Agent:	DARIEL INCLAN		
New Registered Office Address:	6295 WEST 16TH		
		Enter Florida street address	
	HIALEAH	Florida FLO	RIDA

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	DARIEL	6295 W 16TH AVE	
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record he 90th	specifies a delay a day after the re	ed effective cord is filed	date, but r	ot an effect	ive time, at	12:01 a.m	. on the ϵ	earlier
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Filing Fee: \$25.00