

118000266035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

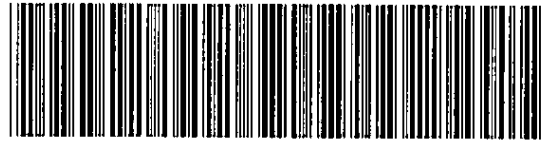
(Business Entity Name)

(Document Number)

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JANUARY 1, 2019

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LAW OFFICE OF ROSS G. LAVIN, P.A.

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April 29, 2019

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

RE: Amendment L18000266035; Ink Code, LLC

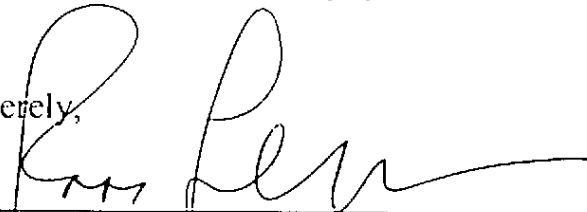
Dear SOS,

Enclosed with this letter, please find an original Amendment and one copy regarding the above reference limited liability company. I have also enclosed a check in the \$25 to cover your fees for processing this amendment.

Please file stamp the copy of the amendment and return the file marked copy to me in the enclosed self-addressed stamped envelope

Please contact my office upon receipt of this letter if you have any questions or comments.

Sincerely,



Ross G. Lavin

RGL.me
Enclosures as stated:
CC: Miguel Jimenez

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

INK CODE L.L.C

(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 Company were filed on November 14, 2018 and assigned
Florida document number L18000266035.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MANUEL JIMENEZ

New Registered Office Address:

2830 GEORGETTE LANE, LOT 110

Enter Florida street address

WEST PALM BEACH

Florida 33409

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 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>	<u>Address</u>	<u>Type of Action</u>
AP	Jamar Young	217 SW Kentwood Rd.	<input type="checkbox"/> Add
		Port St. Lucie, FL 34953	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
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15 MAY 16 PM 6:15

(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)

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee