

L180000277695

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SECRETARY OF STATE
TALLAHASSEE, FL

2022 JUN 13 AM 10:05

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Logicredit Repair 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:

Ashlie Delva

Name of Person

Logicredit Repair LLC

Firm/Company

2800 NW 44th Street apt 203

Address

Oakland Park, FL 33309

City/State and Zip Code

delva299@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashlie Delva

Name of Person

at (

954, 560-9026

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2022 JUN 13 AM 10:06

Logicredit Repair LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

CLERK OF CIRCUIT COURT
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 6/3/2022 and assigned
Florida document number L19000277095

This amendment is submitted to amend the following:

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

InG Consulting LLC

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)

2800 NW 44th Street apt 203
Oakland Park, FL, 33309

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2900 NW 44th Street apt 203
Oakland Park, FL, 33309

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:

Ashlie Delva

New Registered Office Address:

2800 NW 44th Street Apt 203

Enter Florida street address

Oakland Park

City

Florida

33309

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.

n/a

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Item	Quantity	Unit	Price	Total	Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

n/a

FILED
2022 JUN 13 AM 10:06
STATE OF MISSISSIPPI
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: n/a (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.

Dated

6/3/2022

2022

Ashlee Delva

Signature of a member or authorized representative of a member

Ashlee Delva

Typed or printed name of signee

Filing Fee: \$25.00