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COVER LETTER

	gistration Se vision of Cor			•
SUBJECT		INKK LLC	•	
SUBJECT	•	Name of Lin	nited Liability Company	10-5-11
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		LUCIO A GARCIA		
			Name of Person	
			Firm/Company	-
		630 SW 14ST		
			Address	<u></u>
		HOMESTEAD FL 33034		
			City/State and Zip Code	
		fltaxstop@gmail.com		
For further	information c	e-mail address: (oncerning this matter, please o	to be used for future annual report no all:	outication)
LUCIO A (l 786218947	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	illing Addres		Street Address:	
	gistration S vision of C	Section orporations	Registration S Division of Co	
Р.0	O. Box 632	7	The Centre of	
Ta	llahassee, F	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUCIANO INKK LLC		
(Name of the Limited Liabilit (A Florida	ty Company as it now appears on our records Limited Liability Company)	<u>)</u>
The Articles of Organization for this Limited Liability Co		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	(ESS)	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	-	
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter t</u>	he name of the new registe
gene and/or the new registered office address here.		
Name of New Registered Agent:		
New President LOSS Add		-
New Registered Office Address:	Enter Florida street address	
	Flo	rida 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>	Address	Type of Action
AMBR	LUCIO A GARCIA	630 SW 14ST HOMESTEAD, FL 33034	■Add
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	Add EIN 88-2164263 to page
	04/12/2022
(If an e <u>Note</u>	ctive date, if other than the date of filing: (optional) (ffective 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) (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
(If an e Note docu	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) in If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records. Ord 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
(If an e Note docu he reco ord is	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) in If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records. Ord 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
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Filing Fee: \$25.00