Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000275105 3)))



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ĭo:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPERTAX Account Number : I20200000010 Phone : (407)777-7470 Fax Number : (321)205-9743

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

| Email | Address: |  |  |
|-------|----------|--|--|

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INKA DESIGN STORE LLC

| Certificate of Status | 1       |
|-----------------------|---------|
| Certified Copy        | U       |
| Page Count            | 05      |
| Estimated Charge      | \$30.00 |

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Electronic Filing Menu Corporate Filing Menu

Help

K. SALY

AUG 19 2024

TO:

Registration Section

Tallahassee, FL 32314

# H24000275105 3 COVER LETTER

| Division of Co                   | rporations                                   |   |   |
|----------------------------------|--|---|---|
| INKA DE                          | SIGN STORE LLC                               |   |   |
| SUBJECT:                         | Name of Lir                                  | neted Liability Company   | *····   |
|                                  |  |   |   |
| The enclosed Articles of         | Amendment and fee(s) are sui                 | brutted for filing.   |   |
| Please return all correspo       | ondence concerning this matter               | to the following:   |   |
|                                  | RICHARD GREGORY V                            | ELA TORREJON  |   |
|                                  |  | Name of Person  |   |
|                                  |  | Firm/Company  |   |
|                                  | 4149 BALD EAGLE DR                           |   |   |
|                                  |  | Address   |   |
|                                  | KISSIMMEE, FL 34746                          |   |   |
|                                  |  | City/State and Zip Code   | <del></del>   |
|                                  | E-mail address: (                            | to be used for future annual report not                             | ไก้เรียบดก)   |
| For further information c        | oncerning this matter, please c              | gll;  |   |
| RICHARD GREGORY                  | VELA TORREJON                                | 321 306-7846  |   |
| Name o                           | F Person                                     | Area Code Daytin  | ne Telephone Number   |
| Enclosed is a check for th       | te 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Address                  | _  | Street Address:   |   |
| Registration S<br>Division of Co |  | Registration Se   |   |
| P.O. Box 632                     |  | Division of Cor<br>The Centre of T                                  |   |

H24000275105 3

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

#### #24000275105 3 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FILED             |
|-------------------|
| TUCA AUG IF       |
| ALLAHASSEE FLORIO |

INKA DESIGN STORE 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 Company Florida document number L24000019953              | y were filed on   | 01/17/2024              | and assigned               |
|---|-------------------|-------------------------|----------------------------|
| This amendment is submitted to amend the following:   |                   |                         |                            |
| A. If amending name, <u>enter the new name of the limited lial</u>  | bility company    | here:                   |                            |
| The new name must be distinguishable and contain the words "Limited Liab  | ility Company." t | ne 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 agent and/or the new registered office address here: | address on ou     | r records, enter the    | name of the new registered |
| Name of New Registered Agent:   |                   |                         |                            |
| New Registered Office Address:  |                   |                         |                            |
|   | Enter 2           | Clorida street address  |                            |
|   |                   |                         | aZip Code                  |
|   | Cirv              |                         | 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.

H24000275 105 3
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

| Title         | <u>Name</u>      | Address               | Type of Action                         |
|---------------|------------------|-----------------------|--|
| MGR           | ESTENIO TORREJON | 306 OAK PARK PI.      | <b>≣</b> Add                           |
|               |                  | CASSELBERRY, FL 32707 | □Remove                                |
|               |                  |                       | Change                                 |
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| Signature of a member or authorized representative of a member   |                  | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after this |
|  | ecore<br>is file |  |
|  | 2 1110           |  |
| RICHARD GREGORY VELA TORREJON  | 2 1110           | 08-16-24.  |
|  | 2 1110           | 08-16-24.  |

Filing Fee: \$25.00