

L24000062670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

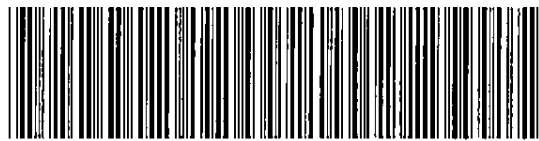
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2024 NOV 13 PM 2:42
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EXCHANGE INKADALE 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:

DANIEL NJOROGUE

Name of Person

INKADALE CORPORATION

Firm/Company

2504 MOUNT MORIAH RD, SUITE D318

Address

MEMPHIS, TN 38115

City/State and Zip Code

dnjoroge@afimgmt.com

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

For further information concerning this matter, please call:

DANIEL NJOROGUE

Name of Person

at (901) 484-9909

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**

EXCHANGE INKADALE LLC

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

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The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 2, 2024 and assigned
Florida document number L24000062670

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)

2504 MOUNT MORIAH RD, STE D-318

MEMPHIS, TN 38115

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2504 MOUNT MORIAH RD, STE D-318

MEMPHIS, TN 38115

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:

DANIEL JACOBSON

New Registered Office Address:

3115 TERRAMAR ST, SUITE 18

Enter Florida street address

FT LAUDERDALE

City

Florida 33304

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>
MGR	1031 EXCHANGE SERVICES, LLC	341 MICKLERS RD	<input type="checkbox"/> Add
		ST. AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	INKADALE CORP	2504 MOUNT MORIAH RD, STE D-318	<input checked="" type="checkbox"/> Add
		MEMPHIS, TN 38115	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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(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.

Dated

11/04/2024

Signature of a member or authorized representative of a member

ANSELN EICHMANN

Typed or printed name of signee