Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

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INCAPITAL, LLC

Certificate of Status	0
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Page Count	04
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EXAMIN SER

M3-388

		CO	VER LETTER	
TO:	Registration Section of Corp	tion orations		
SUBJ	ECT:		ncapital LLC	
	1	Name of Foreig	n Limited Liability C	Company
Dear 8	ir or Madam:			
The en Manag	closed Affidavit b ing Member(s) an	y Foreign Limi d fee(s) are sub	ted Liability Compar mitted for filing.	ny to Change Manager(s) or
Please	return all correspo	ndence concen	ning this matter to the	e following:
	Pε	itricial Allen		
**	Na	ms of Person		
	Inc	capital LLC		
		m/Company		
	200 South Wa	cker Drive. Su	ilte 3700	
• • • • • • • • • • • • • • • • • • • •		Address		
	Chlca	go, IL 60606		
		tate and Zip Co	de	
	patricia	.allen@incapi	tal.com	
E-r	nail address: (to b	e used for futur	e annual report notif	ication)
or furt	er information co	nceming this m	atter, please call:	
,	,			
	Name of Perso		Area Code and Day	time Telephone Number
2 2	TREET/COURIE legistration Section livision of Corporal lifton Building 661 Executive Cont allahassee, Florida	ions er Circle	Registration Division of P.O. Box 6	f Corporations
nclosed \$25 Fills		e following au 10 Filing Peo & ficate of Status	S55,00 Filing Fee Certified Copy	& S60 Filing Fee, Certificate of Status & Cartified Copy

2012 JAN -4 AM 05 17

CR2E123(8/07)

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

## SECTION 1 (1-3 must be completed)

ı	Name of limited liability company as it appears on the records of the Florida Department of State: Inceptal, LLC
2	Jurisdiction of its organization: [IL
3.	Date authorized to do business in Florida: 11/19/2003
	SECTION II (4-7 complete only the applicable changes)
1.	If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 19/24/1
5.	New name of the limited liability company: Incopital LLC
•	(must ond with "Limited Liability Company," "L.L.C.," or "LLC.")
it ite or	name unavailable, enter alternate name adopted for the purpose of transacting business in orida and attach a copy of the written consent of the managers or managing members adopting alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." "LLC.")  If the amendment changes the period of duration, indicate new period of duration:
	If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
	If the amendment corrects any false statement, indicate the statement being corrected and the correction:
	Attached is an original certificate, no more than/90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdictional transfer of which this profit is breanized.  Signifure of a member or the authorized representative of a member.  Typed or printed name of signee.
	. Filing Rest \$75.00

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## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

INCAPITAL, LLC, AN ILLINOIS LIMITED LIABILITY COMPANY, ORGANIZED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 10, 1999, ARTICLES OF AMENDMENT WERE FILED ON DECEMBER 28, 2011, FOR A NAME CHANGE FROM INCAPITAL, LLC.





In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 4TH

day of JANUARY

A.D.

2012

Authentication #: 1200400599
Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE