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J. BRYAN
JUN 2 0 2012
EXAMINER

COVER LETTER

TO:	Registration S Division of Co			
SUBJE				
Sebot			inance Group, LLC ited Liability Company	
The en	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please	return all corresp	ondence concerning this matte	r to the following:	
	John J. Werner			
		Name of Person		
Inventory Finance Group				
Firm/Company				
3477 SE Willoughby Blvd		2812 JUN 19 AM 10: 56 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Address				
Stuart, Florida 34994				SS S
City/State and Zip Code				E G
		F-mail address:	jwr4120@gmail.com to be used for future annual report notifica	T S S S
For fur	ther information	concerning this matter, please	·	756 757
	Jo	hn J. Werner	_{at (_} 772 _{_)} 2	33 2420
	Name	of Person	Area Code & Daytime 1	elephone Number
				•
Enclose	ed 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)
	Regisi Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COURIED Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ons er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Inventory Fir	nance Group, Ll	LC _		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now apperited Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Liability Comp	pany were filed on	June 7, 2012	and assigned	
Florida document numberL12000075903				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	l liability company he	ere:		
The new name must be distinguishable and end with the words "L.L.C."	'Limited Liability Comp	pany," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:			~	
(Principal office address MUST BE A STREET ADDRES	<u> </u>	A	SEC TI	
Enter new mailing address, if applicable:			RELIARIY OF	
(Mailing address MAY BE A POST OFFICE BOX)			10: 56 10: 56	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		our records, enter the	ne name of the nev	
Name of New Registered Agent:				
New Registered Office Address:				
	E	Enter Florida street address		
	City	, Florida	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title Name Address Type of Action MGRM John J. Werner 3477 SE Willoughby Blvd ✓ Add Remove Suite 103 Stuart FL 34994 MGR John J. Werner 3477 SE Willoughby Blvd ☐ Add Remove Suite 103 Stuart, FL 34994 Add Remove □ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 18, 2012 Dated ___ Signature of a member or authorized representative of a member John J. Werner Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00