

L13000141603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

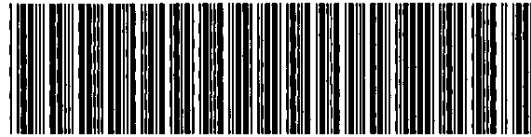
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17 MAY -1 AM 7:29
TALLAHASSEE, FLORIDA

MAY 01 2017
J SHIVERS



Accounting Offices

IL BUNSTER & ASSOCIATES, P.A.

199 S.W. 12th Avenue
First Floor, Suite 4
Miami, FL 33130
Ph: 305.324.2248
Fax: 305.324.4959

ib@accountinggroup.comcastbiz.net

April 25, 2016

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Insertec, LLC
Articles of Amendment
Doc.#L13000141603

CERTIFIED MAIL RECEIPT
7013 1710 0000 0341 5283

Dear Sir or Madam:

Please find Articles of Amended to the above entity; enclosed you will find a check#1158 in the amount of \$30.00 covering the required filing fee of this application.

If further additional information is needed in regard to this Articles of Amended, please do not hesitate to contact the undersigned.

Cordially yours,

IL BUNSTER & ASSOCIATES, PA

INGRID L BUNSTER
Our file Insertec-0262

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INSERTEC, 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:

INGRID L BUNSTER

Name of Person

IL BUNSTER & ASSOCIATES, PA

Firm/Company

199 SW 12TH AVENUE, SUITE #4

Address

MIAMI, FL 33130-1056

City/State and Zip Code

IB@ACCOUNTINGGROUP.COMCASTBIZ.NET

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

For further information concerning this matter, please call:

INGRID L BUNSTER

Name of Person

305 324-2248
at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

INSERTEC, 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 were filed on 10/07/13 and assigned
Florida document number L13000141603.

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:

C/O 199 SW 12TH AVENUE

(Principal office address MUST BE A STREET ADDRESS)

SUITE #4

MIAMI, FL 33130-1056

Enter new mailing address, if applicable:

SAME AS ABOVE

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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	ANA LUISA MARTINEZ OROZCO	3129 TAYLORS RIDGE RD	<input checked="" type="checkbox"/> Add
		WAKE FOREST, NC 27587-7774	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ARTICLE V: THE NAMES AND ADDRESSES OF MANAGING MEMBERS/MANAGERS ARE

READ AS FOLLOWS:

MGMR: CARLOS A MARTINEZ, LOCATED AT 199 SW 12TH AVENUE, #4

MIAMI, FL 33130-1056

MGR: ANA LUISA MARTINEZ OROZCO, LOCATED AT 3129 TAYLORS RIDGE RD.

WAKE FOREST, NC 27587-7774

FILED
17 MAY -1 AM 7:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 04/25/17 (optional)

(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.

If the record 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 record is filed.

Dated APRIL 25, 2017

Signature of a member or authorized representative of a member

CARLOS A MARQUEZ, MGMR

Typed or printed name of signee