# 5/4/2017 Torida Department of Division of Corporations Electronic Filing Cover Sheet

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.

(((H17000123188 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: IL BUNSTER & ASSOCIATES, PA

Account Number : I20170000038

Phone

: (305)324-2248

Fax Number

: (305)324-4959

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

2017 HAY -8

ib@accountinggroup.comcastbiz.net

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

#### INSERTEC, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

MAY 0.9 2017

### S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripls/efilcovr.exe

1/1

May. 8. 2017 3:43PM 19 Accounting Group & Business..

6118 .0N

#### **COVER LETTER**

	INS	SERTEC, L	1 C
SUBJECT:	Name of Limited Liability Company		
Dear Sir or Madam:		: 6.*	
		a sub-in-d for filing	
	t of Correction and fee(s) as		
Please return all corres	pondence concerning this m	atter to the following:	
	Ingrid L Bun	ster	
	Name of Person		
IL Bu	inster & Assoc	iates, PA	
	Firm/Company		
199 SV	V 12th Avenue	e, Suite #4	
	Address		
Miar	ni, FI 33130-	1056	
	City/State and Zip Code		
ib@acco	ountinggroup.com	castbiz.net	
E-mail address: (	to be used for future annual	report notification)	
For further information	n concerning this matter, ple	ease call:	
Ingrid L I	Bunster	<b>305</b> ,	324-2248
Nam	e of Person	Ares Code	Daytime Telephone Number
STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Cente Tallahassee, Florida 3	ons r Circle	R D P	AAILING ADDRESS: egistration Section livision of Corporations .O. Box 6327 allahassee, Florida 32314
Enclosed is a check f	or the following amount:		
\$25 Filing Fee	S30 Filing Fee & Cortificate of Status	S55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy

SECRETARY OF STATE
TALLAHASSEE, FLORID
TALLAHASSEE, FLORID

#### STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

į,

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. FIRST: The name of the limited liability company is: INSERTEC, LLC The Florida Document number of the limited liability company is: L13000141603 SECOND: Document to be corrected is:\_ARTICLES OF ORGANIZATION THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT  $\boxtimes$ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: ARTICLE V: Carlos A. Martinez Incorrect name Inserted as Mgrm. The correct Name shall read as follows: CARLOS A MARQUEZ, Mgmr. Located at 199 SW 12th Avenue, Suite 4, Miami, FI 33130-1056 <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: <u>OR</u>  $\square$ The electronic transmission of the record was defective. Signature of Authorized Representative Signature of new registered agent, if applicable: ( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation). 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. Registered Agent's Signature Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

CR2E062 (9/15)