

L14000005728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

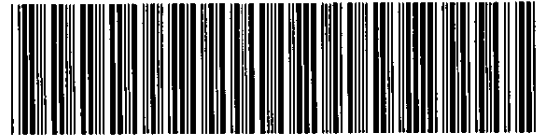
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RECEIVED

15 AUG 12 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

15 AUG 26 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 26 2015

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 13, 2015

SABER GUIRGUIS
3562 CYPRESS GARDENS ROAD
WINTER HAVEN, FL 33884

SUBJECT: ISIS GROUP LLC
Ref. Number: L14000005728

We have received your document for ISIS GROUP LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We have received your document for ISIS GROUP LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 515A00017130

FILED
15 AUG 26 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ISIS GROUP 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:

SABER GUIRGUIS

Name of Person

Firm/Company

3562 CYPRESS GARDENS RD

Address

WINTER HAVEN FL 33884

City/State and Zip Code

TAXLADY33884@YAHOO.COM

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

For further information concerning this matter, please call:

SABER GUIRGUIS

at (407) 929-3450

Name of Person

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/COURIER ADDRESS:

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

FILED
15 AUG 26 PM 4:50
TALLAHASSEE, FL 32301
REGISTRATION SECTION

ISIS GROUP LLC

The Articles of Organization for this Limited Liability Company were filed on 01/10/14 and assigned Florida document number L14000005728.

A. If amending name, enter the new name of the limited liability company here:

ST SIMON TANNER GROUP LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3562 CYPRESS GARDENS RD

WINTER HAVEN FL 33884

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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26
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15 AUG 1967

(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)

FILED
15 AUG 26 PM 4 50
U.S. DISTRICT COURT
SOUTHERD DISTRICT OF CALIFORNIA
SAN JOSE

Dated 08-02-15, _____

Signature of a member or authorized representative of a member

Typed or printed name of signee