

L1500000 4279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

(Document Number)

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FILING ASSISTANT

NOV 19 2015
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

AMERICAN ASSIST INVESTMENTS, LLC

SUBJECT: _____
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:

GUILLERMO TAMAYO

Name of Person

AMERICAN ASSIST INVESTMENTS, LLC

Firm/Company

2893 EXECUTIVE PARK DRIVE, SUITE 201

Address

WESTON, FL, 33076

City/State and Zip Code

gtamayo@americanassist.com

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

For further information concerning this matter, please call:

GUILLERMO TAMAYO

954

8058607

at (_____) _____

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 30, 2015

GUILLERMO TAMAYO
2893 EXECUTIVE PARK DRIVE, SUITE 201
WESTON, FL 33076

SUBJECT: AMERICAN ASSIST INVESTMENTS, LLC
Ref. Number: L15000004279

RECEIVED
15 NOV 16 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for AMERICAN ASSIST INVESTMENTS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 715A00023057

FILED
2015 NOV 16 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2015

GUILLERMO TAMAYO
2893 EXECUTIVE PARK DRIVE SUITE 201
WESTON, FL 33331

SUBJECT: AMERICAN ASSIST INVESTMENTS, LLC
Ref. Number: L15000004279

RECEIVED

15 OCT 30 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 NOV 16 PM 1:06

FILE

We have received your document for AMERICAN ASSIST INVESTMENTS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P12000067358.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 615A00021387

ARTICLES OF ORGANIZATION OF

AMERICAN ASSIST INVESTMENTS, 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 01/08/2015 and assigned
Florida document number L15000004279

This amendment is submitted to amend the following:

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

INVERCREST, 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)

11405 CARRINGTON AVENUE

PARKLAND, FL

33076

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11405 CARRINGTON AVENUE

PARKLAND, FL

33076

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:

GUILLERMO TAMAYO

New Registered Office Address:

11405 CARRINGTON AVENUE

Enter Florida street address

PARKLAND

Florida 33076

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

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LILIANA CARO	11405 CARRINGTON AVENUE	<input checked="" type="checkbox"/> Add
		PARKLAND, FL, 33076	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LILIANA CARO	11405 CARRINGTON AVENUE	<input checked="" type="checkbox"/> Add
		PARKLAND, FL, 33076	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

STATE OF FLORIDA
 DEPARTMENT OF
 REVENUE
 NOV 6 PM 1:06
 TALLAHASSEE, FLORIDA

Lined area for document content.

E. Effective date, if other than the date of filing: _____ (optional)

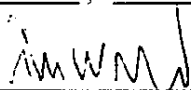
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 10/27/2015 _____



Signature of a member or authorized representative of a member

GUILLERMO TAMAYO

Typed or printed name of signee

2015 NOV 16 PM 1:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA