

Division of Corporations

# L15000081686

Florida Department of State  
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.**

(((H15000173376 3)))



H150001733763ABCO

**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 : ASSOCIATED TAX CONSULTANTS GROUP, INC.  
Account Number : I20110000056  
Phone : (305) 823-9292  
Fax Number : (305) 824-0703

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

Email Address: HANK@TAXCONSULTANTS GROUP.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
INVER GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED  
15 JUL 16 PM 12:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2015 JUL 16 A 8:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu

Help JUL 17 2015

S MASON

H15000173376 3

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

INVER GROUP 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 05/08/2015 and assigned  
Florida document number L15000081686.

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: \_\_\_\_\_

(Principal office address MUST BE A STREET ADDRESS) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(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

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 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

Page 1 of 3

H15000173376 3

FILED  
2015 JUL 1  
A 8:118  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H15000173376 3

**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	KAREN E GONZALES MONGE	6163 MIAMI LAKES DR E	<input type="checkbox"/> Add
		MIAMI LAKES, FL 33014	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KAREN E GONZALEZ MONGE	6163 MIAMI LAKES DR E	<input checked="" type="checkbox"/> Add
		MIAMI LAKES, FL 33014	<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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<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
			<input type="checkbox"/> Change

FILED  
2015 JUL 16 A 8 49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H15000173376 3

H15000173376 3

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

THE FEDERAL EMPLOYER IDENTIFICATION NUMBER OF 61-1765170 SHOULD BE ASSOCIATED  
WITH THIS ENTITY.

**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 JULY 16, 2015

  
Signature of a member or authorized representative of a member

HENRY J GARCIA JR

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
2015 JUL 16 A 8:49  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

H15000173376 3