

L16 0000 52545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

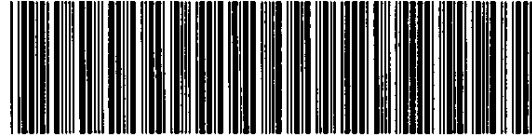
(Business Entity Name)

(Document Number)

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16 AUG - 1 PM 4:31  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

AUG 02 2016

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2016 AUG -1 PM 3:40

TALLAHASSEE FLORIDA

July 15, 2016

ROBERT BRUSH  
2201 NE 2ND AVE STE #1  
DELRAY BEACH, FL 33444

SUBJECT: NEXUS TAX GROUP, LLC  
Ref. Number: L16000052545

We have received your document for NEXUS TAX GROUP, 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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 216A00014889

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Nexus Tax 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:

Robert Brush

\_\_\_\_\_  
Name of Person

Nexus Tax Group, LLC

\_\_\_\_\_  
Firm/Company

2201 NE 2nd Ave STE #1

\_\_\_\_\_  
Address

Delray Beach, FL 33444

\_\_\_\_\_  
City/State and Zip Code

nexusunitedinc@gmail.com

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

For further information concerning this matter, please call:

Robert Brush

561 951-1232  
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

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

Nexus Tax 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 March 14, 2016 and assigned  
Florida document number L16000052545.

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)**

717 N D St

Lake Worth, FL 33460

**B. If amending the registered agent and/or registered office address on our records, enter the of the new  
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Robert Brush

New Registered Office Address:

2201 NE 2nd Ave #1

*Enter Florida street address*

Delray Beach

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>
AR	Nexus United, Inc.	2201 NE 2ND AVE STE B	<input type="checkbox"/> Add
		DELRAY BEACH, FL 33444	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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16 AUG - 1 PM 4:30  
Change  
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

16 AUG -1 PM 4:31  
ALLAHABAD, INDIA

ALLAHASSEE, FLORIDA  
16 AUG -1 PM 4:31

**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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.

rsuar : 605.0207 (3)(b)  
( nof : listed as the

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 13th, 2016

Signature of a member or authorized representative of a member

ROBERT BRUSH

Typed or printed name of signee