

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GREENE HAMRICK QUINLAN & SCHERMER,

Account Number: 119990000030 Phone

: (941)747-1871

Fax Number

: (941)745-2866

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

Email Address: MHamrick@ManatecLegal.com \_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RONNIE GRUBBS INSURANCE, LLC

Certificate of Status	0
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Corporate Filing Menu

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## **COVER LETTER**

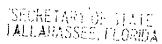
TO: Re	gistration Sec vision of Corp	ction porations		
SUBJECT;	RONNIE G	RUBBS INSURANCE, LLC	•	
BOBSEC 1,		Name of Lim	ited Liability Company	<u></u>
The encloses	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		RONNIE GRUBBS		
			Name of Person	
			Firm/Company	
		5416 36th St. E.	·	
			Address	
		BRADENTON, FL 34203		
			City/State and Zip Code	
		rwgrubbs3@gmail.com		
		E-mail address: (i	to be used for future annual report no	tification)
For further in	nformation co	ncerning this matter, please 🛭	all:	
MICHABL	M. HAMRICI	4 45	941 747-1871	
	Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Capy (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 01/07/2016 11:53 HPQS

FAX) FILED P.003/005

2016 JAN -7 AM 8: 36

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



RONNIE GRUBBS INSURANC			
(Name of the Lin	A Florida Limited	nny as it now annears ( Liability Company)	on our records.)
he Articles of Organization for this Limited	Liability Company	were filed on JULY	Y 27, 2009 and assigne
lorida document number L09000072233			
his amendment is submitted to amend the fo	llowing:		
. If amending name, enter the new name	of the limited liab	ollity company here	
t.W. Grubbs Services, LLC			
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		5416 36th St. E.	
Principal office address MUST BE A STREET ADDRESS)		Bradenton, FL 342	203
inter new mailing address, if applicable:		P.O. Box 2057	
ter new maining address, it applicable;		Oneco, PL 34264	
THE HALL COST OF THE	<u> </u>		
. If amending the registered agent and gistered agent and/or the new registered of New Registered Agent:	d/or registered of office address her	ffice address on o <u>e</u> :	our records, enter the name of the
Name Descriptions of Office Address.	5416 36th St. E	ā.	
New Registered Office Address:			street address
		mate, 1.th. itt	
	Bradenton	waer 1 for its	, Florida <sup>34203</sup>

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

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\_□ Change

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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
•			□ Add
			Remove
	•		Change
			Add
			□ Remove
			Change
<del></del>			Add
			□ Ramove
			☐ Change
			□ Remove
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			Add
			☐ Remove

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E. Effective date, if other than the date of filing:  (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  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.	onal) filing.) Pursuant to 605,0207 (

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Filing Fee: \$25.00