

LO9000072233

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GREENE HAMRICK QUINLAN & SCHERMER, P.A.
Account Number : I19990000030
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@ManateeLegal.com

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

Certificate of Status	0
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Page Count	05
Estimated Charge	\$25.00

FILED
2016 JAN -7 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2016 JAN -7 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RONNIE GRUBBS INSURANCE, 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:

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: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL M. HAMRICK 941 747-1871
Name of Person at () 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RONNIE GRUBBS INSURANCE, 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 JULY 27, 2009 and assigned Florida document number L09000072233

This amendment is submitted to amend the following:

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

R.W. Grubbs Services, 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:

5416 36th St. E.

(Principal office address MUST BE A STREET ADDRESS)

Bradenton, FL 34203

Enter new mailing address, if applicable:

P.O. Box 2057

(Mailing address MAY BE A POST OFFICE BOX)

Oneco, FL 34264

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:

5416 36th St. E.

Enter Florida street address

Bradenton

City

, Florida 34203

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
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

