

L15000052743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Barbara Phillips* DATE

AUTHORIZATION BY PHONE TO

CORRECT *all Data 4/6/15*

DATE *4/21/15*

YES EXAM *all*

Office Use Only



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04/06/15--01013--011 \*\*30.00

EFFECTIVE DATE  
*4/6/15*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 APR -6 PM12:55

FILED

B Bask APR 21 2015

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Florida Home/Auto Agency, 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:

**Barbara Phillips**

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

**Florida Home/Auto Agency, LLC**

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

**6209 NW 18th Avenue**

\_\_\_\_\_  
Address

**Miami, FL 33147**

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

**barbara.phillips@floridahealthagency.com**

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

For further information concerning this matter, please call:

**Barbara Phillips**

**754 205-2001**

\_\_\_\_\_  
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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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"/> Add
			<input type="checkbox"/> Remove
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