

1109000002195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

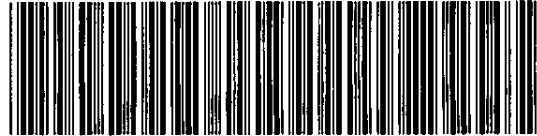
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2017 JAN 10 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

17 JAN 10 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
JAN 12 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 445562 4340722

AUTHORIZATION :

COST LIMIT : \$25,000

ORDER DATE : January 3, 2017

ORDER TIME : 12:24 PM

ORDER NO. : 445562-330

CUSTOMER NO: 4340722

FOREIGN FILINGS

NAME: STREETLINKS LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62956

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2017

CSC
EMILY CROFT

SUBJECT: STREETLINKS LLC
Ref. Number: M09000002195

RESUBMIT

Please give original
submission date as file date.

We have received your document for STREETLINKS LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 217A00000604

RECEIVED
DEPARTMENT OF STATE
17 JAN 11 PM 2:03

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Streetlinks LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stacie Carpenter

Name of Person

Assurant

Firm/Company

11222 Quail Roost Dr.

Address

Miami, FL 33157

City/State and Zip Code

stacie.carpenter@assurant.com

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

For further information concerning this matter, please call:

Stacie Carpenter

Name of Person

at (305) 253-2244 x: 33217

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Streetlinks LLC

Enter new principal office address, if applicable: N/A

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

N/A

2. The Florida document number of this limited liability company is: M09000002195

3. Jurisdiction of its organization: Indiana

4. Date authorized to do business in Florida: 6/9/2011

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Assurant Appraisals, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

N/A

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: N/A

New Registered Office Address: N/A

Enter Florida Street Address

N/A

City

N/A

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

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TALLAHASSEE, FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

N/A

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

N/A

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Daniel Hoppes, President & Manager

Typed or printed name of signee

Filing Fee: \$25.00

**State of Indiana
Office of the Secretary of State**

Certified Copies

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that this is a true and complete copy of this 4 page document consisting of the following records filed in this office:

Certification Date:

January 04, 2017

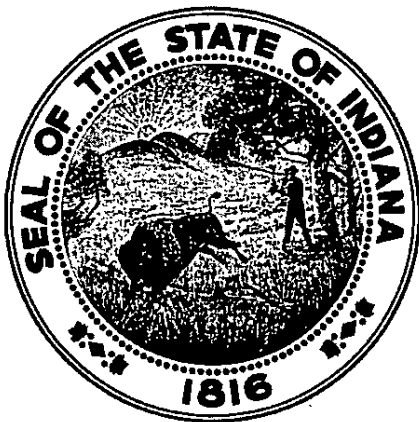
Business Name:

ASSURANT APPRAISALS, LLC

Business ID:

2005033000260

Transaction	Date Filed	No. of pages
Articles of Amendment	01/03/2017	4
Total No. of pages		4



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, January 04, 2017

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

State of Indiana
Office of the Secretary of State

Certificate of Amendment
of

STREETLINKS LLC

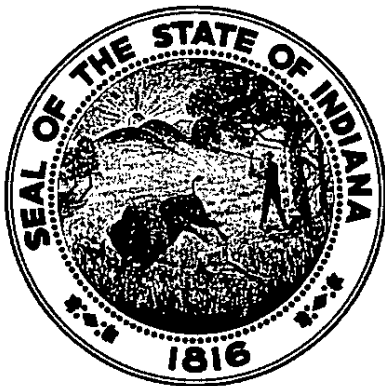
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, CONNIE LAWSON, Secretary of State, hereby certify that Articles of Amendment of the above Domestic Limited Liability Company have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Flexibility Act.

The name following said transaction will be:

ASSURANT APPRAISALS, LLC

NOW, THEREFORE, with this document I certify that said transaction will become effective Friday, December 30, 2016.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, January 03, 2017

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2005033000260 / 7468181

To ensure the certificate's validity, go to <https://bsd.sos.in.gov/PublicBusinessSearch>

APPROVED AND FILED
CONNIE LAWSON
INDIANA SECRETARY OF STATE
01/03/2017 07:44 AM

ARTICLES OF AMENDMENT

ARTICLE I - NAME AND PRINCIPAL OFFICE ADDRESS

BUSINESS ID 2005033000260
BUSINESS TYPE Domestic Limited Liability Company
BUSINESS NAME STREETLINKS LLC
PRINCIPAL OFFICE ADDRESS 444 E WASHINGTON ST, INDIANAPOLIS, IN, 46204, USA
DATE AMENDMENT WAS ADOPTED 01/03/2017

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2017 JAN 10 AM 8:33
CLERK OF THE COURT
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

EFFECTIVE DATE 12/30/2016

ARTICLE I - BUSINESS NAME CHANGE

DATE OF ADOPTION 12/30/2016
NEW BUSINESS NAME Assurant Appraisals, LLC

MANAGEMENT INFORMATION

THE LLC WILL BE MANAGED BY MANAGER(S) No

APPROVED AND FILED
CONNIE LAWSON
INDIANA SECRETARY OF STATE
01/03/2017 07:44 AM

SIGNATURE

THE MANNER OF THE ADOPTION OF THE ARTICLES OF BUSINESS AMENDMENT CONSTITUTE FULL LEGAL COMPLIANCE WITH THE PROVISIONS OF THE ACT, AND THE ARTICLES OF ORGANIZATION.

THE UNDERSIGNED MANAGER OR MEMBER OF THIS LIMITED LIABILITY COMPANY EXISTING PURSUANT TO THE PROVISIONS OF THE INDIANA BUSINESS FLEXIBILITY ACT DESIRES TO GIVE NOTICE OF ACTION EFFECTUATING BUSINESS AMENDMENT OF CERTAIN PROVISIONS OF ITS ARTICLES OF ORGANIZATION.

IN WITNESS WHEREOF, THE UNDERSIGNED HEREBY VERIFIES, SUBJECT TO THE PENALTIES OF PERJURY, THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE, THIS DAY **December 30, 2016**

SIGNATURE

Daniel Hoppes

TITLE

Manager

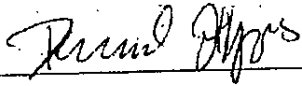
Business ID : 2005033000260

Filing No. : 7468181

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2017 JAN 10 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED AND FILED
CONNIE LAWSON
INDIANA SECRETARY OF STATE
01/03/2017 07:44 AM

I, Daniel Hoppes, give myself permission to use the name Assurant Appraisals, LLC for the name amendment to Streetlinks, LLC.

x 

Daniel Hoppes 12/30/2016

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA