M14000009919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AUG 09 2016

S. YOUNG

Central Licensing Bureau, Inc.
1501 NORTH UNIVERSITY
SUITE 550
LITTLE ROCK, ARKANSAS 72207-5271
www.centrallicensingbureau.com
(501) 664-8044
FAX - (501) 664-6182

BILL WOODYARD
President

August 2, 2016

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed please find the documents needed to change the name of **TAS Insurance LLC (Doc# M14000000919)** to **Avant Brokerage, LLC.**

I trust this letter and the enclosed documents place them in compliance with your state statutes. If any further action is required, please do not hesitate to contact me.

Thank you for your consideration of this filing.

Sincerely,

Brenda Anthony

Brenda Anthony
Corporate Qualification Division

/bsa

Enclosures

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TAS Insurance 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:

Brenda Anthony
Name of Person

Central Licensing Bureau
Firm/Company

1501 N University, Suite 550
Address

Little Rock, AR 72207
City/State and Zip Code

sspurgeon@avantbrokerage.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Brenda Anthony - Central Licensing Bureau at (501) 664-8044
Name of Person — 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

CR2E055 (9/15)

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: TAS Insurance LLC

Enter new principal office address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

_____

Enter new mailing address, if applicable: P.O. Box 1540

(Mailing address MAY BE A POST OFFICE BOX) Lees Summit, MO 64063

_____

2. The Florida document number of this limited liability company is: M14000000919

3. Jurisdiction of its organization: Tennessee

4. Date authorized to do business in Florida: 01/27/2014

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

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

(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: _____

New Registered Office Address: _____
Enter Florida Street Address

_____, **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

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

_____

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

_____

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

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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

Thomas DeOrio, Managing Member

_____
Typed or printed name of signee

Filing Fee: $25.00

STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

Central Licensing Bureau, Inc.
STE 550
1501 N UNIVERSITY AVE
LITTLE ROCK, AR 72207-5296

June 7, 2016

Control # 736215

Effective Date: 05/25/2016

Receipt # : 2731207

Filing Fee: $20.00

CERTIFICATE OF NAME CHANGE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that Articles of Amendment of **TAS Insurance LLC** were filed in this office on the effective date noted above, changing the name to **Avant Brokerage, LLC**.

Tre Hargett
Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Processed By: Sheila Keeling

STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

Central Licensing Bureau, Inc.
STE 550
1501 N UNIVERSITY AVE
LITTLE ROCK, AR 72207-5296

Request Type: Certified Copies
Request #: 204668

Issuance Date: 06/07/2016
Copies Requested: 1

Document Receipt

Receipt # : 002731192	Filing Fee:	$20.00
Payment-Check/MO - Central Licensing Bureau, Inc., LITTLE ROCK, AR		$40.00
Deposit-Account - Central Licensing Bureau, Inc., Little Rock, AR		$20.00

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that **Avant Brokerage, LLC**, Control # 736215 was formed or qualified to do business in the State of Tennessee on 10/28/2013. Avant Brokerage, LLC has a home jurisdiction of TENNESSEE and is currently in an Active status. The attached documents are true and correct copies and were filed in this office on the date(s) indicated below.

Tre Hargett
Secretary of State

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16 AUG -8 PM 12: 36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Processed By: Sheila Keeling

The attached document(s) was/were filed in this office on the date(s) indicated below:

Reference #	Date Filed	Filing Description
B0244-2800	05/25/2016	Articles of Amendment

39

B0244-2800 05/25/2016 3:29 PM Received by Tennessee Secretary of State Tre Hargett

ARTICLES OF AMENDMENT
OF
TAS INSURANCE LLC

Control No. 000736215

To the Tennessee Secretary of State:

Pursuant to the Tennessee Revised Limited Liability Company Act, the undersigned domestic limited liability company, TAS Insurance LLC (the "LLC"). hereby submits these Articles of Amendment to its Articles of Organization:

(1) The name of the LLC as it appears of record is TAS Insurance LLC.

(2) The Articles of Organization are amended as follows:

Article 1 is hereby amended and restated in its entirety as follows:

"The name of the Limited Liability Company is Avant Brokerage, LLC (the "Company")."

(3) The amendment referred to in paragraph (2) herein was duly adopted by the members of the LLC on May 25, 2016

IN WITNESS WHEREOF, the undersigned has executed these Articles of Amendment effective as of May 25, 2016.

TAS INSURANCE LLC

By: _____
Name: Jonathan Grigsby
Its: Vice President - Accounting

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