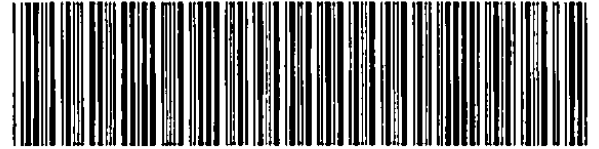


# L12 000030935



900323892999<sup>v</sup>

\_\_\_\_\_  
(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:

Office Use Only

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S TALLFANT  
FEB 27 2019

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FILED  
19 FEB 22 AM 2:10



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 11, 2019

MICHELE L RILEY  
SERENITY INSURANCE AGENCY  
5806 SE ROSEMONT AVE  
STUART, FL 34997

SUBJECT: SERENITY INSURANCE AND BONDING AGENCY, LLC  
Ref. Number: L12000030935

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 019A00002804

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Security Insurance and Bonding Agency, LLC  
Name of Limited Liability Company

2019 FEB 2 PM 10:50

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michele Riley  
Name of Person

Security Insurance Agency  
Firm/Company

5806 SE ROSEMART AVE  
Address

STUART FL 34997  
City/State and Zip Code

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

For further information concerning this matter, please call:

Michele Riley at (772) 485 9600  
Name of Person 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)
- \* Already sent \$35 OK #1244

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

Serenity Insurance and Bonding Agency, 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 March 5, 2012 and assigned Florida document number 122000030935.

This amendment is submitted to amend the following:

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

Serenity Insurance Agency, 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:

(Principal office address MUST BE A STREET ADDRESS)

5806 SE Rosemont Ave  
Stuart FL, 34997

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 1140  
Palm City, FL 34990

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

Michele L Riley

New Registered Office Address:

5806 SE Rosemont Ave

*Enter Florida street address*

Stuart  
City

Florida

34997  
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.*

Michele L Riley  
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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Ac</u>
<u>MGR</u>	<u>Michiek H Kershaw</u>	<u>815 NW Flagler Ave #204</u>	<input type="checkbox"/> Add
		<u>Stuart FL 34994</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Michele L Riley</u>	<u>5806 SE Rosemont Ave</u>	<input checked="" type="checkbox"/> Add
		<u>Stuart FL 34997</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Legal<sup>last</sup> NAME CHANGE of MGR - doc's  
attached (returned)

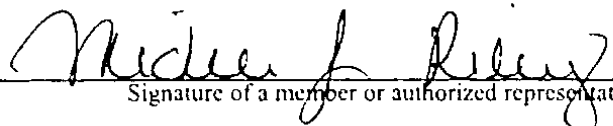
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 filing.) Pursuant to 605.0207 (2)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated Feb 17th, 2019



Signature of a member or authorized representative of a member

Michael L Rike  
Typed or printed name of signer