L02000033960

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SECRETARY OF STATE
SALLAHASSEE, FLORIDA:

COVER LETTER

TO: Registration Section
Division of Corporations

RIECT: TODD VANN 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:

Grady H. Wiliams, Jr., LL.M.

Name of Person

Grady H. Williams, Jr., LL.M., Attorneys at Law, P.A.

Firm/Company

1543 Kingsley Avenue, Bldg 5

Address

Orange Park, FL 32073

City/State and Zip Code

grady@floridaelder.com

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

For further information concerning this matter, please call:

Grady H. Williams, Jr.

_{...}904、264-8800

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)

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

TODD VANN INSURANCE, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A	Florida Limited Liab	ility Company)		
The Articles of Organization for this Limited Li. Florida document number LL02000033960	ability Company we	re filed on December	17, 2002 and assigned	
This amendment is submitted to amend the following	owing:		20	
A. If amending name, enter the new name of	the limited liabilit	y company here:	THE THE	
The new name must be distinguishable and end with "L.L.C."	h the words "Limited	Liability Company," the des	signation "ETC" or the abbreviation	
Enter new principal offices address, if applica	able:		Po F U	
(Principal office address MUST BE A STREE	T ADDRESS)		77.75 17.05	
Mailing address MAY BE A POST OFFICE A B. If amending the registered agent and/or the new registered of the Name of New Registered Agent:	or registered office		ls, enter the name of the new	
ramo or new registered rigom.	1542 Kinmola	u Avenue Dide E		
New Registered Office Address:	1543 Kingsley Avenue, Bldg 5 Enter Florida street address			
	Orange park		Florida 32073	
		City	Zip Code	
New Registered Agent's Signature, if changing R	Registered Agent:			
I hereby accept the appointment as registered the provisions of all statutes relative to the paccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this second the company has been notified in writing of this second the company has been notified in writing of this second the company has been notified in writing of this second the company has been notified in writing of this second the company has been notified in writing of this second the company has been notified in writing of this second the company has been notified in writing of this second the company has been notified in writing of this second the company has been notified in writing the co	roper and complete stered agent as pro registered office aa	e performance of my duti widga for in Chapter 608 ldress, Vhereby confirm t	ies, and I am familiar with and B, F.S. Or, if this document is	

Page 1 of 3

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager '

MGRM = Managing Member **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> Remove Add Remove Add Remove Add Remove Remove

lf amendir	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
 d	
•	I Todd W
_	Signature of a member or authorized representative of a member HAROLO TODO VANA
	HAROLD TODD VANN
_	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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