

L04000016617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

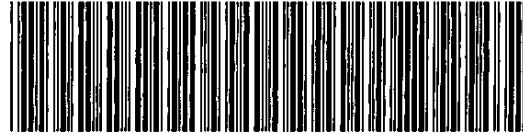
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100083862851

01/16/07--01044--016 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 FEB - 5 AM 10: 56

J. BRYAN JAN 17 2007

J. BRYAN FEB - 6 2007



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2007

JOYCE YOHN
10940 SR 70 EAST SUITE 104
BRADENTON, FL 34202

SUBJECT: GULFCOAST INSURANCE AGENCY OF FLORIDA, L.L.C.
Ref. Number: L04000016617

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 FEB -5 AM 10:56

We have received your document for GULFCOAST INSURANCE AGENCY OF FLORIDA, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.")

The registered agent must sign accepting the designation.

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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 707A00003775

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gulfcoast Insurance Agency of FL.
(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:

Joyce Yohn.
(Name of Person)

(Firm/Company)

10940 SR 70 East Suite 104
(Address)

Bradenton FL 34202.
(City/State and Zip Code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 FEB -5 AM 10:56

For further information concerning this matter, please call:

Joyce Yohn at 941 713-5937
(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

Gulfcoast Insurance Agency of Florida
(Present Name)
(A Florida Limited Liability Company)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 FEB - 5 AM 10: 56

FIRST: The Articles of Organization were filed on March 2, 04. and assigned
document number 204000016617.

SECOND: This amendment is submitted to amend the following:

Please note on record, that, the
Company Annual Report that was
filed on April 27, 2006 should
have show The only Two Managing
members as:

Joyce m Yohn & Jessica Dunnam
6655 68th St E 1115 133rd St E
Bredenton FL 34202 Bredenton FL 34212.

& That Joyce Yohn was Acting as Registered
Agent.

Dated December 31, 2006

X Joyce Yohn
Signature of a member or authorized representative of a member
Joyce m Yohn.
Typed or printed name of signee

I hereby am familiar with and accept the duties and
responsibilities as Registered Agent

Filing Fee: \$25.00

X Joyce Yohn