L0400038338

(Requi	estor's Name)
(Addre	ess)
(Addre	ess)
(City/S	State/Zip/Phone #)
PICK-UP	☐ WAIT MAIL
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(Docui	ment Number)
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SECRETARY OF STATE

FILED

D. BRUCE

AUG 2 8 2012

EXAMINER

COVER LETTER

Division of Co	rporations				
SUBJECT:		Insurance Agency, LL0	<u> </u>		
	Name of Lim	ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matter	r to the following:			
		April Gorris			
		Name of Person			
	Purmort &	Martin Insurance Agency, L	LLC		
		Firm/Company			
	2301 Ringling Blvd.				
		Address		<u>∑</u> ∽ _	
	Sarasota, FL 34237			2 AUG ECOLIT ELABO	Þ
		City/State and Zip Code		7.55 7.55 7.55	P P
	F-mail addrace:	april@purmort.com to be used for future annual report notifi	iontion)		1 5 20
For further information	concerning this matter, please	•	ication)	0F S 70	OVED ED
	April Gorris		366-7070	<u> </u>	
Name o	of Person	Area Code & Daytime	e Telephone Number		
Enclosed is a check for t	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	: \$55.00 Filing Fee & Certified Copy (additional copy is enclosed		f Status &	

MAILING ADDRESS:

TO:

Registration Section

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

Name of the Limited Liebility Come	surance Agend	cy, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	Liability Company)	is on our records.		
The Articles of Organization for this Limited Liability Compar Florida document numberL0400038238	ny were filed on	April 30, 2012	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ability company her	<u>re</u> :		
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Compa	any," the designation "Ll	LC" or the abbrevia	ation
Enter new principal offices address, if applicable:			TAL SE	
(Principal office address MUST BE A STREET ADDRESS)			A A A A A A A A A A A A A A A A A A A	
			3 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	<u>-"></u>
Enter new mailing address, if applicable:	-		AN Y OF S	- E8
(Mailing address MAY BE A POST OFFICE BOX)			CRIDA	_
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		our records, <u>enter th</u>	ne name of the	<u>new</u>
Name of New Registered Agent:				_
New Registered Office Address:	r	nter Florida street addr	1000	_
	En	uer rioriaa sireet aaar	ess	
	City	, 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	MATTHEW J STEPULLA	2301 RINGLING BLVD SARASOTA, FL 34237	Add ✓ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessar	12 AUS 22 AH SEGRETARY OF TAIL ABASSEE [
- -			
Dated <u>Ju</u>	TUH.	nber or authorized representative of a member Russell H Bobbitt	
	Ту	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00