

LOS000014115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

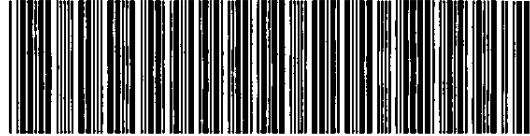
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 24 2016
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BARS Insurance & Reinsurance 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:

Roald Dick Engwald

Name of Person

BARS Insurance & Reinsurance LLC

Firm/Company

1390 Brickell Ave Suite 330

Address

Miami, FL 33131

City/State and Zip Code

rengwald@barsinsurance.com

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

For further information concerning this matter, please call:

Roald Dick Engwald

305

679-9919

Name of Person

at ()
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BARS Insurance & Reinsurance 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 02/10/2005 and assigned
Florida document number 59-3797400.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office 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:

N/A

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Raul R. Dick	1390 Brickell Ave Suite 330	☐ Add
		Miami, FL 33131	☒ Remove
			☐ Change
MGR	Roald Dick Engwald	1390 Brickell Ave Suite 330	☒ Add
		Miami, FL 33131	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Add
			☐ Remove
			☐ Change

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


 100.000000

 100.000000

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 100.000000

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 08/18/2016 (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 (3)(b)

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 8/18/2016

11:43 am

Signature of a member or authorized representative of a member

Roald Dick Engwald

Typed or printed name of signee

IN THE CIRCUIT COURT OF THE
ELEVENTH JUDICIAL CIRCUIT IN AND
FOR MIAMI-DADE COUNTY, FLORIDA

IN RE: CHANGE OF NAME
OF:

Raul Ricardo Dick
Petitioner.

FAMILY DIVISION

CASE NO. **2016-016423-FC-04**

Section: 12

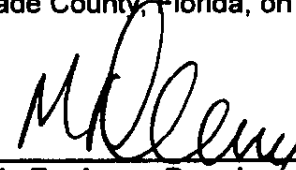
**AMENDED FINAL JUDGMENT OF
CHANGE OF NAME (ADULT)**

THIS CAUSE was heard on the Petition for Change of Name, and the Court having heard the testimony of the Petitioner, and being fully informed in the Premises, it is

ADJUDGED that said Petition hereby is granted, and **Raul Ricardo Dick** hereafter shall be known by the name of **Roald Dick Engwald** and it is further

ADJUDGED that the Clerk of the Court hereby is directed to report this Final Judgment for Change of Name to the Department of Rehabilitative Services of the State of Florida.

DONE and ORDERED in Chambers at Miami-Dade County, Florida, on this the 17th day of August, 2016



Maria Espinosa Dennis
CIRCUIT COURT JUDGE

STATE OF FLORIDA, COUNTY OF DADE
"I HEREBY CERTIFY that the foregoing is a true and correct copy of the
original as filed in this office." 8-17-16 AD 19
MARINET RIVEL, CLERK OF COURT and County Coroner

Deputy Clerk


8941

