

L07000082849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

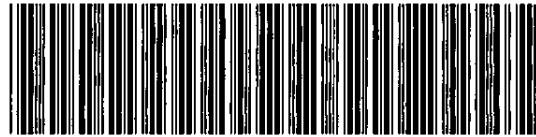
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
07 OCT 29 AM 8:34

W

J. BRYAN OCT 30 2007

JB

Ray Hair GAVE
AUTHORIZATION BY PHONE TO
CORRECT change name & add suffix LLC
DATE 10/30/07 @ 4:58 pm
DOC. EXAM [Signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

JONATHAN R. HAIR 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:

RAY HAIR
(Name of Person)

STATE FARM
(Firm/Company)

90 PINE ISLAND ROAD
(Address)

NORTH FORT MYER, FL 33903
(City/State and Zip Code)

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SECRETARY OF CORPORATIONS
07 OCT 29 AM 8:35

For further information concerning this matter, please call:

RAY HAIR at (239) 995-0202
(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

JONATHAN R. HAIR INSURANCE, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 08/07/07 and assigned
document number 107000082449

SECOND: This amendment is submitted to amend the following:

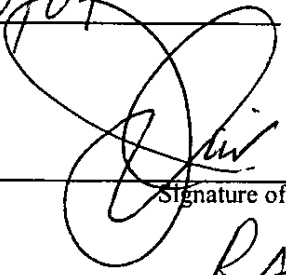
Change
company
name:

RAY HAIR STATE FARM, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 OCT 29 AM 8:35

Dated

10/26/07


Signature of a member or authorized representative of a member

RAY HAIR

Typed or printed name of signee