

LO7000106714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

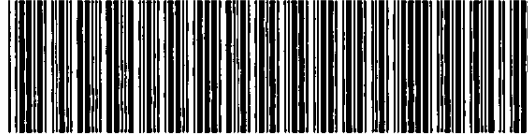
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

OCT 07 2015  
J. HARRIS



REED,  
MAWHINNEY  
& LINK, PLLC  
ATTORNEYS AT LAW

1611 Harden Blvd.  
Lakeland, FL 33803  
863.687.1771 (tel)  
863.687.1775 (fax)  
linda@polklawyer.com

September 30, 2015

Registration Section  
Florida Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Filing of Articles of Amendment  
Wise Insurance Agency, LLC

Dear Representative:

Enclosed for processing are Articles of Amendment together with our check for the \$25.00 filing fee.

Please contact us with any questions or concerns.

Sincerely Yours,  
**Reed, Mawhinney & Link, PLLC**

Linda Marichal  
Legal Assistant

/lhm

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Wise Insurance Agency, 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:

William Link

\_\_\_\_\_  
Name of Person

Reed, Mawhinney & Link, PLLC

\_\_\_\_\_  
Firm/Company

1611 Harden Blvd.

\_\_\_\_\_  
Address

Lakeland, Florida 33803

\_\_\_\_\_  
City/State and Zip Code

will@polklawyer.com

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

For further information concerning this matter, please call:

William Link

863 687.1771  
at ( )

\_\_\_\_\_  
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**

Wise Insurance Agency, 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 10/22/07 and assigned  
Florida document number L07000106714.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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SECRETARY OF STATE

**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:

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	Jamie Blair	1410 E. Georgia Street	<input type="checkbox"/> Add
		Bartow, FL 33830	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	William F. Wise, Jr.	1410 E. Georgia Street	<input type="checkbox"/> Add
		Bartow, FL 33830	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 SEAGRAM  
 TALLAHASSEE FLORIDA

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

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TALLAHASSEE FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (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 September 29, 2015

William F. Wines

Signature of a member or authorized representative of a member

representative of a member

William F. Wise, Jr. and Jamie Blair

Typed or printed name of signee