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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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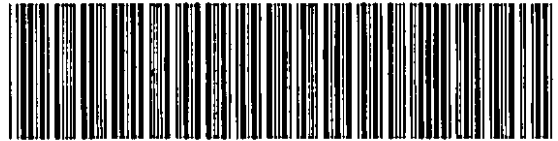
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ALABAMA

D. BRUCE
APR 08 2019

COVER LETTER

TO: Registration Section
Division of Corporations
Synerprise Insurance Group, LLC

SUBJECT: _____
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:

Carmen Vargas

Name of Person

Synerprise Insurance Group, LLC

Firm/Company

12320 Race Track Road

Address

Tampa, FL 33626

City/State and Zip Code

carmen@enterpriseinsgroup.com

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

For further information concerning this matter, please call:

Carmen Vargas

813 448-9222

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

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2019 MAR 23 PM 1:31
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

Page 1 of 3

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 M	Alex Gonzalez	12320 Race Track Road	<input type="checkbox"/> Add
		Tampa FL 33626	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR M	Elizabeth Vargas	12320 Race Track Road	<input checked="" type="checkbox"/> Add
		Tampa FL 33626	<input type="checkbox"/> Remove
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FLORIDA

04-01-2019

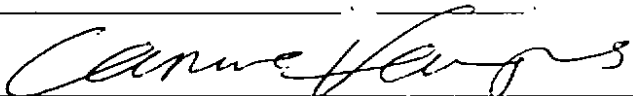
E. Effective date, if other than the date of filing: _____ (optional)

(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 March 28 2019



Signature of a member or authorized representative of a member

Carmen Vargas

Typed or printed name of signee