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09 AUG 26 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

AUG 27 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blessing Insurance Services of Ocala, 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:

Jodene E Smith

Name of Person

Blessing Insurance Services of Ocala, LLC

Firm/Company

1905 SW College Road, Suite #4

Address

Ocala, FL 34471

City/State and Zip Code

blessinginsurance@gmail.com

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

For further information concerning this matter, please call:

Jodene E Smith

Name of Person

at (352)

502-1866

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

FILED
09 AUG 26 PM 3:45
TALLAHASSEE, FLORIDA

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

Blessing Insurance Services of Ocala, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
09 AUG 26 PM 3:45
CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 3/12/2009 and assigned
Florida document number L09000024248.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1905 SW College Road, Suite #4

(Principal office address MUST BE A STREET ADDRESS)

Ocala, FL 34471

Enter new mailing address, if applicable:

1905 SW College Road, Suite #4

(Mailing address MAY BE A POST OFFICE BOX)

Ocala, FL 34471

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:

Jodene E Smith

New Registered Office Address:

1905 SW College Road, Suite #4

Enter Florida street address

Ocala, FL 34471

, Florida

34471

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 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.

Jodene E Smith
If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Caroline M Blessing	1905 SW College Road, Suite #4 Ocala, FL 34471	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Amy C Blessing	3227 SE Maricamp Road, Suite #100 Ocala, FL 34471	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Add Member - Jodene E. Smith (same as Registered Agent)

1905 SW College Road, Suite #4, Ocala, FL 34471

NOTE: Member & Registered agent changes are effective ~~7/19/2009~~ 8/19/09

Physical & Mailing address changes are effective 8/19/2009 (e-mail sent)

Dated August 24, 2009


Signature of a member or authorized representative of a member

Jodene E Smith

Typed or printed name of signee