

L 09 000043687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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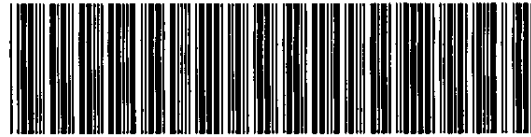
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 4, 2014

RICK MILLER
13913 HAYWARD PL
TAMPA, FL 33618

SUBJECT: ULTRA AGENT INSURANCE SERVICES LLC
Ref. Number: L09000043687

We have received your document for ULTRA AGENT INSURANCE SERVICES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 714A00004705

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

ULTRA AGENT INSURANCE SERVICES, 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 05/05/2009 and assigned Florida document number L09000043687

This amendment is submitted to amend the following:

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

DAUN MILLER FINE ART, LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

13913 Hayward Pl
Tampa, FL 33618

Enter new mailing address, if applicable:

(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:

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

MGR = Manager
AMBR = Authorized Member

MGR DAUN Miller 13913 Hayward Pl ☒ Add
Tampa, FL 33618 ☐ Remove

AMBR Rick D Miller 13913 Hayward Pl ☒ Add
Tampa, FL 33618 ☐ Remove

MSR Rick D Miller 13913 Hayward Pl ☐ Add
Tampa, FL 33618 ☒ Remove

☐ Add☐ Remove☐ Add☐ Remove☐ Add☐ Remove

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 3/18/2014 , _____

Rick D Miller

Signature of a member or authorized representative of a member

Rick D Miller

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

14 MAR 21 AM 9:15
SECTION 1
TALLAHASSEE, FLORIDA