

LO9000048345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

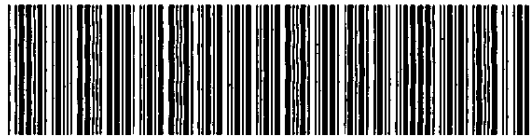
(Business Entity Name)

(Document Number)

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FILED  
09 OCT -5 PM 12:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES  
OCT - 6 2009  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ACRO 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:

Junior RONDEAU  
Name of Person

ACRO INSURANCE AGENCY  
Firm/Company

6919 Spider Lily LN  
Address

LAKE WORTH FL 33462  
City/State and Zip Code

JRONDEAU@ACROINSURANCE.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUNIOR RONDEAU at (561) 234-5986  
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**

ACRO 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 5/19/2009 and assigned  
Florida document number 609000048345.

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TALLAHASSEE, FLORIDA

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:

(Principal office address MUST BE A STREET ADDRESS)

6919 SPIDER LILY LN  
LAKE WORTH, FL 33462

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:

DORCA ALADIN

New Registered Office Address:

6919 SPIDER LILY LN

Enter Florida street address

LAKE WORTH, Florida 33462  
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.

[Signature]  
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

Title	Name	Address	Type of Action
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MGR	DORKA ALADIN	6919 SPIDER LILY LN LAKE WORTH FL 33462	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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MGR	Junior RONDEAU	6919 SPIDER LILY LN LAKE WORTH FL 33462	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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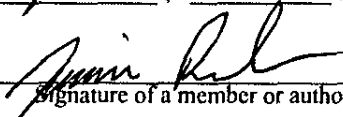
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 9/26/2009



Signature of a member or authorized representative of a member

Junior RONDEAU

Typed or printed name of signee

FILED  
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CLERK OF STATE  
TAMPA FLORIDA