

L090000048345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

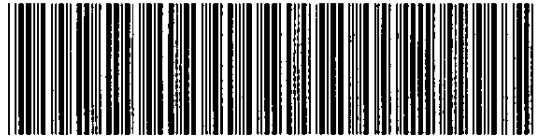
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT
DEC 15 2009
EXAMINER

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12/14/09--01053--003 **25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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, LLC
Firm/Company
1500 GATEWAY BLVD SUITE 200
Address
BOYNTON BEACH, FL 33426
City/State and Zip Code
JRONDEAU@ACROINSURANCE.COM
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 5/19/2009 and assigned
Florida document number LO9000048345

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)

1500 GATEWAY BLVD SUITE 200
BOYNTON BEACH, FL 33426

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1500 GATEWAY BLVD SUITE 200
BOYNTON BEACH, FL 33426

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:

JUNIOR RONDEAU

New Registered Office Address:

1500 GATEWAY BLVD SUITE 200

Enter Florida street address

BOYNTON BEACH, Florida 33426

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.

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	JUNIOR RONDEAU	6919 SPIDER Lily LN LAKE WORTH, FL 33462	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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MGR	DORKA ALADIN	6919 SPIDER Lily LN LAKE WORTH, FL 33462	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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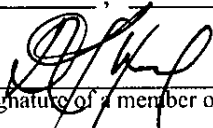
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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CLERK OF STATE
TALLAHASSEE FLORIDA

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

Dated 12/8/2009



Signature of a member or authorized representative of a member
DORKA ALADIN

Typed or printed name of signee