

L09000071241

(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 -1 2011

EXAMINER

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11/07/11--01012--007 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 NOV 30 PM 5: 17

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 10, 2011

SERGE DOUYON
4349 10TH AVE. NORTH
LAKE WORTH, FL 33461

SUBJECT: SEBOLI'S AUTO INSURANCE, LLC
Ref. Number: L09000071241

We have received your document for SEBOLI'S AUTO INSURANCE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 311A00025601

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SEBOLI'S AUTO INSURANCE, LLC

DOCUMENT NUMBER: L09000071241

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SERGE DOUYON

Name of Contact Person

SEBOLI'S AUTO INSURANCE, LLC

Firm/ Company

4349 10TH AVE NORTH

Address

LAKE WORTH, FL, 33461

City/ State and Zip Code

SEBOLISINSURANCE@ATT.NET

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

For further information concerning this matter, please call:

SERGE DOUYON

Name of Contact Person

at (561) 445-0554

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Seboli's Auto Insurance, 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 7-24-2009 and assigned
Florida document number 109000071241

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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

City, Florida

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	Stephanie Downen	1616 NW 4 ST Boca Raton, FL 33486	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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MGR	Valerie Daniel	678 Siesta Key Circle APT 2221 Deerfield Beach, FL 33441	<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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			<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 11-15-11

Serge Downen
Signature of a member or authorized representative of a member
SERGE DOWNEN
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA