

LD9000078838

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DIVISION OF CORPORATIONS
2012 NOV - 7 AM 10:46

C. LEWIS
NOV - 8 2012
EXAMINER

DAVIS & KIRSTE

ATTORNEYS AND COUNSELORS AT LAW

803 EAST DIXIE AVENUE
LEESBURG, FL 34748-6013

M. MEREDITH KIRSTE

TELEPHONE
(352) 326-3455

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(352) 365-0055

October 30, 2012

Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

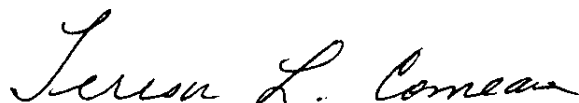
Re: THOMAS INSURANCE SERVICES, LLC

Dear Sir or Madam:

Enclosed for filing is Articles of Amendment to Articles of Organization with respect to the above referenced limited liability company. Also enclosed is a check in the amount of \$25.00, representing the filing fee.

If you have any questions, please contact me.

Sincerely yours,



Teresa L. Comeau
Legal Assistant to
M. Meredith Kirste

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THOMAS INSURANCE SERVICES, 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:

Susan K. Thomas

Name of Person

Thomas Insurance Services, LLC

Firm/Company

3235A US Hwy 441/27

Address

Fruitland Park, FL 34731

City/State and Zip Code

SusanT@ThomasInsServ.com

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

For further information concerning this matter, please call:

M. Meredith Kirste

Name of Person

at (352)

326-3455

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2012 NOV -7 AM 10:46

THOMAS 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 August 17, 2009 and assigned
Florida document number L09000078838.

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)

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: Susan K. Thomas

New Registered Office Address: 3235A US Hwy 441/27

Enter Florida street address

Fruitland Park

, Florida

34731

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	John C. Thomas	3235A US Hwy 441/27 Fruitland Park, FL 34731	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Susan K. Thomas	3235A US Hwy 441/27 Fruitland Park, FL 34731	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Susan Soltysiak	3235 US Hwy 441/27 Fruitland Park, FL 34731	<input checked="" 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.)*

Dated October 30, 2012



Signature of a member or authorized representative of a member

Susan K. Thomas

Typed or printed name of signee

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