

L 10000004497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

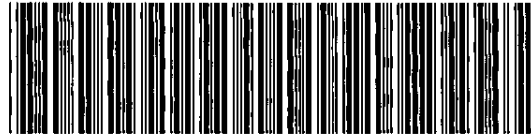
(Business Entity Name)

(Document Number)

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11 MAR 29 AM 11:29

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

11 MAR 29 PM 3:27

B. KOHR

MAR 29 2011

EXAMINER



1203 Governors Square Blvd.
Tallahassee, FL 32301-2960

850 222 1092 tel
850 878 5368 fax
www.ctlegalsolutions.com

March 29, 2011

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Re: Order #: 8106803 SO
Customer Reference 1: 870910-05
Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Huckleberry, Sibley & Harvey Insurance and Bonds of Sarasota, LLC (FL)
New Name: New Name: Bowen, Miclette & Britt of Sarasota, LLC
Amendment (Change of Name)
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

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

HUCKLEBERRY, SIBLEY & HARVEY INSURANCE AND BONDS OF SARASOTA, 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 JANUARY 12, 2010 and assigned

Florida document number L10000004497.

This amendment is submitted to amend the following:

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

BOWEN, MICLETTE & BRITT OF SARASOTA, 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)

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: C T CORPORATION SYSTEM

New Registered Office Address: 1200 SOUTH PINE ISLAND ROAD

Enter Florida street address

PLANTATION, Florida 33324

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.

Howard L. Volz
Howard L. Volz
If Changing Registered Agent, Signature of New Registered Agent

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DIVISION OF CORPORATIONS
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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:

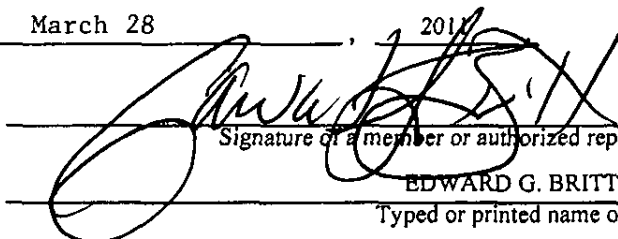
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	EDWARD G. BRITT, JR.	1111 NORTH LOOP WEST, SUITE 400 HOUSTON, TEXAS 77008	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	KRISTI LOVETT	1111 NORTH LOOP WEST, SUITE 400 HOUSTON, TEXAS 77008	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	CRAIG B. SIBLEY	1020 NORTH ORLANDO AVENUE MAITLAND, FLORIDA 32751	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	TERRY L. JAMES	1020 NORTH ORLANDO AVENUE MAITLAND, FLORIDA 32751	<input type="checkbox"/> Add <input checked="" 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.)*

NONE

Dated March 28, 2017


Signature of a member or authorized representative of a member
EDWARD G. BRITT, JR.
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00