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SEURETARY OF STATE
ANASSEE FLORIDA

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#### COVER LETTER

	istration Section sion of Corporations
SUBJECT:	HOERBER INSURANCE GROUP, LLC Name of Limited Liability Company
	(REF: L100000 35138)
The enclosed	Articles of Amendment and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to the following:
	JOHN HOERBER
	Name of Person
	HOERBER INSURANCE GROUP LLC Firm/Company
	700 W HILLSBORD BLVD., BUILDING 3-110
	DEERFIELD BEACH, FL 33 441  City/State and Zip Code
	E-mail address: Ko be used for future annual report notification)
For further in	nformation concerning this matter, please call:  561 352- 5646 (CELL)
- · · · · · · · · · · · · · · · · · · ·	JOHN HOERBER at (561) 422 - 5577 (WORK)  Name of Person Area Code & Daytime Telephone Number
•	
4-	a check for the following amount:
\$25.00 F	Iling Fee \$\sum_{\text{S}}\$30.00 Filing Fee & \$\text{Certificate of Status}\$\$  Certificate of Status \$\text{Certified Copy}\$ (additional copy is enclosed)  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

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*	SECURE TARY OF CTATE	
HOERBER INSURANCE	GROUP, LLC IALLAHASSEE, FLORIDA	
(Name of the Limited Liability Comp	any as it now appears on our records. )	
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 3/31/2010 and assigned	
Florida document number L 1 00000 3513 R		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
	·	
The new name must be distinguishable and end with the words "Lim"L.L.C."	aited Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	700 W. HILLS BORD BLVD.	
(Principal office address MUST BE A STREET ADDRESS)	BUILDING 3, SUITE 110	
	DEERFIELD BEACH, FL 33441	
Enter new mailing address, if applicable:	700 W. HILLSBORD BLUD.	
(Mailing address MAY BE A POST OFFICE BOX)	RUILDING 3, SUITE 110	
	DEER FIELD REACH, FL 33441	
B. If amending the registered agent and/or registered oregistered agent and/or the new registered office address he	ffice address on our records, <u>enter the name of the new</u> r <u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address: 700 W. J	ILLS BORO BLVD., BUILDING 3, SUITE 110  Enter Florida street address	
DEER FI	ELD REACH , Florida 33441	
	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 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 Name Address Type of Action Remove ☐ Add Remove ☐ Add Remove Add Remove  $\square$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) FEI / EIN NUMBER FOR THIS COMPANY. PLEASE Dated AUGUST 2010 Signature of a member or authorized representative of a member HOERBER TOHN L. Ho

Page 2 of 2

Filing Fee: \$25.00