

L10000100815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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2014 DEC -8 AM 10:24
ALABAMA STATE TOWER

N. Outigan DEC - 9 2014



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 412110 8017262

AUTHORIZATION :

COST LIMIT : \$25.00

[Handwritten signature]

ORDER DATE : December 8, 2014

ORDER TIME : 3:20 PM

ORDER NO. : 412110-010

CUSTOMER NO: 8017262

DOMESTIC AMENDMENT FILING

NAME: PROGRESSIVE EMPLOYER
MANAGEMENT COMPANY III, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RESUBMIT

Please give original
submission date as file date.

December 9, 2014

CSC
COURTNEY WILLIAMS

SUBJECT: PROGRESSIVE EMPLOYER MANAGEMENT COMPANY III, LLC
Ref. Number: L10000100815

We have received your document for PROGRESSIVE EMPLOYER MANAGEMENT COMPANY III, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 814A00025872

RECEIVED
DEPARTMENT OF STATE
14 DEC - 9 PM 2:20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROGRESSIVE EMPLOYER MANAGEMENT COMPANY III,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:

TIM VELLA

Name of Person

PEMCO,INC

Firm/Company

6407 PARKLAND DR.

Address

SARASOTA, FL 34243

City/State and Zip Code

TVELLA@PROGRESSIVEEMPLOYER.COM

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

For further information concerning this matter, please call:

JANE ANDERSON

941 at ()

925-2990 e:20136

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

FILED

2014 DEC -8 AM 10: 24

NEW JERSEY OF STATE
TALLAHASSEE, FLORIDA

PROGRESSIVE EMPLOYER MANAGEMENT COMPANY III,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 09/27/2010 and assigned
Florida document number L10000100815

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:

New Registered Office Address:

Enter Florida street address

Florida

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

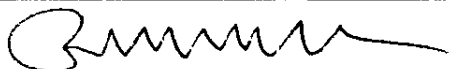
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PRES	MICHAEL E DRIS	6407 PARKLAND DR	<input type="checkbox"/> Add
		SARSOTA,FL 34243	<input checked="" type="checkbox"/> Remove
CFO	MICHAEL DRIS	6407 PARKLAND DR	<input type="checkbox"/> Add
		SARSOTA,FL 34243	<input checked="" type="checkbox"/> Remove
CEO	CLINTON W BURGESS	6407 PARKLAND DR	<input checked="" type="checkbox"/> Add
		SARSOTA,FL 34243	<input type="checkbox"/> Remove
CFO	PETER GRABOWSKI	6407 PARKLAND DR	<input checked="" type="checkbox"/> Add
		SARSOTA,FL 34243	<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.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated DECEMBER 5, 2014



Signature of a member or authorized representative of a member

PETER GRABOWSKI- CFO

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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2014 DEC -8 AM 10:24
DEPT. OF STATE
TALLAHASSEE, FLORIDA