

L10000101427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE FLORIDA

DEC 18 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ~~Decision~~ Decision Valuation LLC
Name of Limited Liability Company

*Name change
request*

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Sprouse

Name of Person

Decision Valuation LLC

Firm/Company

623 Anhinga Rd

Address

Winter Springs, FL 32708

City/State and Zip Code

michael_sprouse@msn.com

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

For further information concerning this matter, please call:

michael sprouse

Name of Person

at () 407 619-3366

Area Code & Daytime Telephone Number

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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

payable to: Florida Dept of State

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

name change
request

Decision Valuation 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 9/28/2010 and assigned
Florida document number L10000101427.

This amendment is submitted to amend the following:

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

INSURE-VAL, 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)

SAME address

623 Anhinga Rd
Winter Springs, FL 32708

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

same address

623 Anhinga Rd.
Winter Springs, FL 32708

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:

Michael Sprouse

New Registered Office Address:

623 Anhinga Rd.

Enter Florida street address

Winter Springs
City

Florida

32708

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.

Michael Sprouse
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

same - no change in person

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------------|---------------------------------|---|
| <u>MGRM</u> | <u>Michael Sprouse</u> | <u>623 Anhinga Rd.</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Winter Springs, FL 32708</u> | <input type="checkbox"/> Remove |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

no changes

Dated 12/16/2013, _____.

Michael Sproue

Signature of a member or authorized representative of a member

Michael Sproue

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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