

L12000039161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

(Business Entity Name)

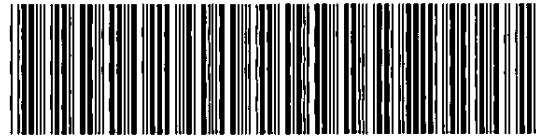
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Any problems please
call Nathan Marks
879-0086

Office Use Only



700235674007

06/05/12--01006--002 **25.00

RECEIVED
DEPARTMENT OF STATE
12 JUN - 5 AM 8:44

FILED
12 JUN - 5 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JUN - 6 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Southeastern Insurance Companies, 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:

Nathan Marks

Name of Person

Southeastern Insurance Companies, LLC.

Firm/Company

1582 Village Square Blvd.

Address

Tallahassee, FL 32309

City/State and Zip Code

nathan@marksinsurance.com

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

For further information concerning this matter, please call:

Nathan Marks

Name of Person

at (**850**)

668-6162

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

12 JUN -5 AM 9:12
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Southeastern Insurance Co., 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 3/21/12 and assigned Florida document number L12000039161.

This amendment is submitted to amend the following:

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

Southeastern Insurance Companies, 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)

1582 Village Square Blvd.

Tallahassee, FL 32309

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1582 Vilalge Square Blvd.

Tallahassee, FL 32309

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:

Nathan Marks

New Registered Office Address:

1582 Village Square Blvd.

Enter Florida street address

Tallahassee

Florida

32309

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

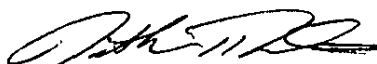
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Scott Fenstermaker	1582 Village Square Blvd. Tallahassee, FL 32309 (address update only)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Nathan Marks	1582 Village Square Blvd. Tallahassee, FL 32309 (address update only)	<input 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated June 5, 2012


Signature of a member or authorized representative of a member

Nathan Marks
Typed or printed name of signee

12 JUN -5 AM 9:12
TALLAHASSEE, FLORIDA