

L12000101343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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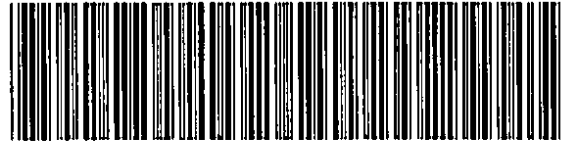
(Business Entity Name)

(Document Number)

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AUG 13 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D.R. INSURANCE Services, 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

D.R. INSURANCE SERVICES, 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 _____ and assigned Florida document number _____.

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 contain 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)

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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:

3339 STEPHENS BLVD.

Enter Florida street address

SPRING HILL

City

Florida

34606

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR.	Dorothy Ruland	3339 Stephens	<input type="checkbox"/> Add
	(same)	BLVD.	<input type="checkbox"/> Remove
		SPRING HILL, FL	<input checked="" type="checkbox"/> Change ONLY
		34606	Address
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 8-6-18,

Signature of a member or authorized representative of a member

DOROTHY RULANO
Typed or printed name of signee

Detail by FEI/EIN Number

Florida Limited Liability Company
D.R. INSURANCE SERVICES, LLC.

Filing Information

Document Number L12000101343
FEI/EIN Number 46-0751882
Date Filed 08/06/2012
Effective Date 08/06/2012
State FL
Status ACTIVE

Principal Address

3339 STEPHENS BLVD.
SPRING HILL, FL 34606

Changed: 07/16/2018

Mailing Address

3339 STEPHENS BLVD.
SPRING HILL, FL 34606

Changed: 07/16/2018

Registered Agent Name & Address

RULAND, DOROTHY
1359 BENTLEY AVENUE
SPRING HILL, FL 34608

Authorized Person(s) Detail**Name & Address**

Title MGR

RULAND, DOROTHY
1359 BENTLEY AVENUE
SPRING HILL, FL 34608

— please
change Address
ONLY

— please
change Address
ONLY

Annual Reports

Report Year	Filed Date
2016	01/23/2016
2017	01/09/2017
2018	01/14/2018

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