# 1/2000/06585

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		:
	Bê si	n .
		N - 3 2016
	Α	. LUNT
_		

Office Use Only



200258784122

04/09/14--01008--019 \*\*35.00

2014 MAY 22 PH U: 16



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 16, 2014

GISELA JARAMILLO SHIELD LAW GROUP, P.A. 2100 W. DR. MLK BLVD. TAMPA, FL 33607

SUBJECT: PROPERTY INSURANCE TEAM, LLC

Ref. Number: L12000106585

We have received your document for PROPERTY INSURANCE TEAM, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Agnes Lunt Regulatory Specialist II

Letter Number: 114A00008187

## **COVER LETTER**

TO:	Amendment Section
	Division of Corporations

NAME OF CORPORATION:  PROPERTY INSURANCE TEAM, LLC  DOCUMENT NUMBER: L120000106585  The enclosed Articles of Amendment and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:  GISELA JARAMILLO  Name of Contact Person  SHIELD LAW GROUP, P.A.  Firm/ Company  2100 W. DR. MLK BVLD.  Address  TAMPA, FLORIDA 33607  City/ State and Zip Code  gjaramillo@shieldlawpa.com  E-mail address: (to be used for future annual report notification)				2014 HAY 22 PH 4: 16	
	oncerning this matter, pleas				
Gisela Jaran		<sub>at (</sub> 813	<sub>_)</sub> 871-3974	<del></del>	
Name of	Contact Person	Area Co	de & Daytime Telephone Nu	ımber	
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailie	ua Addroce	Street	Addross		

### Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: Po		SURANCE TEAM, ited Liability Company	LLC
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
·	JEE	Name of Person	
	SHIELD	LAW GROUP, 7 Firm/Company	
	2100 W.	DR. MLK BLVD Address	- 10 m
	TAMPA	FL 33607 City/State and Zip Code	120 m
	gjaramil E-mail address: (	to be used for future annual report notifi	Fm. 6 %:
For further information co	oncerning this matter, please ca	all:	
GISELA J	Artmino Person	at (813) 871.  Area Code Daytime	3074 Telephone Number
Enclosed is a check for th	e 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)
* CHECK on	I five top &	35.00	
MAILI	NG ADDRESS:	STREET/COURIE	CR ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROPERTY INS	
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on 9/10/12 and assigned
Florida document number L12000106585	<del>_</del>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ited liability company here:
The new name must be distinguishable and end with the words "Lin	mited 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 ADDR	
	11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	CALL CONTRACTOR OF THE PROPERTY OF THE PROPERT
registered agent and/or the new registered office add	stered office address on our records, <u>enter the name of the new</u> ress here:
4 <sup>th</sup>	
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

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u> </u>	BRICE 2 DECKLIEN	2100 W. DR. MUCBUD	□ Ađd
		THMPA, FZ 33607	Remove
PT	JERRY SARAMILIO	2100 W. BR. MLK BLVD.	Add
£:		TAMPA, FL 33607.  2100 N. DR. MLK BLVD.	Remove
. \	JOHN ADAMS	2100 M.DR. MLK BLVD.	Add Thouse
		- 1. - 1. - 1. - 1. - 1. - 1. - 1. - 1.	<b>F</b>
		***************************************	Add
		National Control of the Control of t	□ Remove
			□ Adḍ
			Remove
			Add
			□ Remove

amendin	ng any other information, enter change(s) here: (Attach additional sheets, if necessary,	)	
	<u> </u>		
ective d	ate, if other than the date of filing: (optional)		
effective	date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after		
	document is filed by the Florida Department of State)		
ted	5·20·14, M		
-	Signature of a member or anthorized representative of a member		<del></del>
	JEERY STRAMIUS	<u>ارا</u> المانية	201
	Typed of printed name of signee	77	
		強化。	2014 MRY 22
		447	Ň
		177 °C	•
		ម៉ាលើក។ ប្រើបង្ហារ កម្មា	PH F

Page 3 of 3

Filing Fee: \$25.00