

# L/2000106585

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2014 MAY 22 PM 1:16  
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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

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OFFICE OF THE  
CLERK OF THE  
SUPREME COURT  
TALLAHASSEE, FLORIDA

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**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)

For further information concerning this matter, please call:

Gisela Jaramillo

Name of Contact Person

at ( 813 ) 871-3974

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

**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

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TALLAHASSEE  
MAY 22 2014

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PROPERTY INSURANCE TEAM, 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:

JERRY JARAMILLO  
Name of Person  
SHIELD LAW GROUP, P.A.  
Firm/Company  
2100 N. DR. MLK BLVD.  
Address  
TAMPA, FL 33607  
City/State and Zip Code  
jjaramillo@shieldlawpa.com  
E-mail address: (to be used for future annual report notification)

FILED  
TALLAHASSEE, FL 32301  
MAY 22 2014

2014 MAY 22 PM 4:16

For further information concerning this matter, please call:

GLISELA JARAMILLO at (813) 871-3074  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee;<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

\* CHECK ON FILE FOR \$35.00

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

**PROPERTY INSURANCE TEAM, LLC**  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Page 1 of 3

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>
<u>V</u>	<u>BRICE ROECKLIEN</u>	<u>2100 W. DR. MLK BLVD</u>	<input type="checkbox"/> Add
		<u>TAMPA, FL 33607</u>	<input checked="" type="checkbox"/> Remove
<u>PT</u>	<u>JERRY JARAMILLO</u>	<u>2100 W. DR. MLK BLVD.</u>	<input checked="" type="checkbox"/> Add
		<u>TAMPA, FL 33607</u>	<input type="checkbox"/> Remove
<u>V</u>	<u>JOHN ADAMS</u>	<u>2100 W. DR. MLK BLVD.</u>	<input checked="" type="checkbox"/> Add
		<u>TAMPA, FL 33607</u>	<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.)

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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 5.20.14 , \_\_\_\_\_

Signature of a member or authorized representative of a member

JERRY STRAMICIO

Typed or printed name of signee

FILED  
MAY 22 2014  
CLERK OF COURT  
JULIA M. HARRIS

2014 MAY 22 PM 4:16

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