

L12000119629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

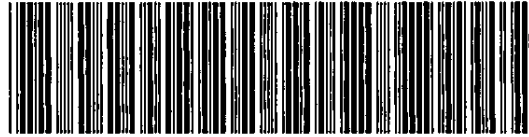
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SIGNATURE RE HOLDINGS I, 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:

THOMAS J BARONE

Name of Person

SIGNATURE RE HOLDINGS I, LLC

Firm/Company

180 ROYAL PALM WAY, SUITE 211

Address

PALM BEACH FL 33480

City/State and Zip Code

TBARONE@BELLSOUTH.NET

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

For further information concerning this matter, please call:

THOMAS J BARONE

Name of Person

at 561 655-7979

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

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TALLAHASSEE, FLORIDA

2013 JUN 19 PM 3:06

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

**SIGNATURE RE HOLDINGS I, 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 9/19/2012 and assigned  
Florida document number L12000119629.

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 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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

*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 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>
MGR	THOMAS J BARONE	180 ROYAL PALM WAY, #211	<input type="checkbox"/> Add
		PALM BEACH FL 33480	<input checked="" type="checkbox"/> Remove
MGRM	KENNETH SHIMM	399 CAMINO GARDENS BLVD, #102	<input type="checkbox"/> Add
		BOCA RATON FL 33432	<input checked="" type="checkbox"/> Remove
MGRM	THOMAS J BARONE	180 ROYAL PALM WAY, #211	<input checked="" type="checkbox"/> Add
		PALM BEACH FL 33480	<input type="checkbox"/> Remove
MGR	KENNETH SHIMM	399 CAMINO GARDENS BLVD, #308	<input checked="" type="checkbox"/> Add
		BOCA RATON FL 33432	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

CLERK OF DISTRICT COURT  
SALVADOR, FLORIDA

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Add  
Remove

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

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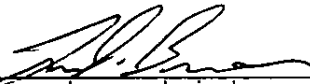
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Dated JUNE 17, 2013



Signature of a member or authorized representative of a member

THOMAS J BARONE

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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