

L12000125369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

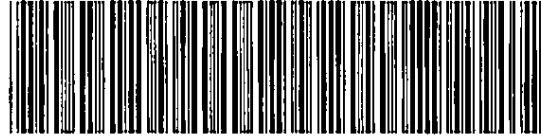
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

didn't sign
[Signature]

Office Use Only



500316641755

08/10/18--01015--035 **35.00

18 SEP 26 PM 12:20

CLERK OF COURT
COURT HOUSE
JANUARY 18, 2019

Amend

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1 BRICK INSURANCE, 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:

LARRY SUTHERLAND
Name of Person

1 BRICK INSURANCE
Firm/Company

11901 30TH COURT NORTH
Address

ST. PETERSBURG, FL 33716
City/State and Zip Code

larry@1brickinsurance.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JHGJHGJKHGGKK

Name of Person at (_____) _____
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 &
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

1623
DIVISION OF STATE
CORPORATIONS
16 SEP 21 PM 12:20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2018

LARRY SUTHERLAND
1BRICK INSURANCE
11901 30TH CT N
ST PETERSBURG, FL 33716

SUBJECT: 1BRICK INSURANCE, LLC
Ref. Number: L12000125369

We have received your document for 1BRICK INSURANCE, 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 Limited Liability Company. 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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 618A00017041

RECEIVED
18 SEP 10 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 12, 2018

LARRY SUTHERLAND
1BRICK INSURANCE
11901 30TH CT N
ST PETERSBURG, FL 33716

SUBJECT: 1BRICK INSURANCE, LLC
Ref. Number: L12000125369

We have received your document for 1BRICK INSURANCE, 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):

You must sign and date the application on page 3.

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 418A00018996

RECEIVED
18 SEP 24 PM 07
SECTION
FALLAUX

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

1 BRICK INSURANCE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

18 SEP 21 PM 12:29
FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF HILLSBORO, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10-2-2012 and assigned
Florida document number L12000125369

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)

11901 30TH CT NORTH
ST PETERSBURG, FL 33716

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

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 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>
MGRM	JORDAN KOKO	11901 30TH CT. N	<input type="checkbox"/> Add
		ST PETERSBURG, FL	<input checked="" type="checkbox"/> Remove
		33716	<input type="checkbox"/> Change
MGR	LARRY SUTHERLAND	11901 30TH CT. N.	<input checked="" type="checkbox"/> Add
		ST, PETERSBURG, FL	<input type="checkbox"/> Remove
		33716	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

(b) The 90th day after the record is filed.

Dated SEPTEMBER 20, 2018

Larry Sutherland
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

LARRY SUTHERLAND
Typed or printed name of signee

Typed or printed name of signee