

L12000151009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

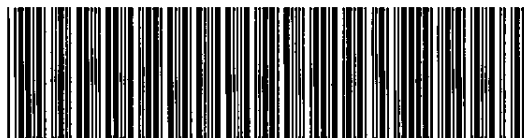
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Bureh FEB 20 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 3C Insurance Group 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:

J. Bennett Grocock

Name of Person

Business Law Group

Firm/Company

892 Bentley Green Circle

Address

Winter Springs, FL 32708

City/State and Zip Code

jbg@bislawgroup.com

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

For further information concerning this matter, please call:

J. Bennett Grocock

Name of Person

at **407 620-4038**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 11, 2014

J. BENNET GROCOCK
BUSINESS LAW GROUP
892 BENTLEY GREEN CIRCLE
WINTER SPRINGS, FL 32708

SUBJECT: 3C INSURANCE GROUP LLC
Ref. Number: L12000151009

We have received your document for 3C INSURANCE GROUP LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Tim Burch
Regulatory Specialist II

Letter Number: 914A00003080

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

3C Insurance Group, 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 11/30/2012 and assigned
Florida document number L12000151009.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Maximus Farms 1 LLC

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)

2200 Winter Springs Blvd

Suite 106 #317

Oviedo, FL 32765

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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:

TBLG, PA

New Registered Office Address:

892 Bentley Green Circle

Enter Florida street address

Winter Springs, Florida 32708

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.

By: [Signature] President
If Changing Registered Agent, Signature of New Registered Agent

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>
MGR	David P. Babinski	2200 Winter Springs Blvd	<input checked="" type="checkbox"/> Add
		Suite 106, #317	<input type="checkbox"/> Remove
		Oviedo, FL 32765	
MGR	J. Bennett Grocock	2200 Winter Springs Blvd	<input checked="" type="checkbox"/> Add
		Suite 106, #317	<input type="checkbox"/> Remove
		Oviedo, FL 32765	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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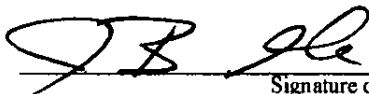
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 January 29, 2014



Signature of a member or authorized representative of a member

J. Bennett Grocock, Manager

Typed or printed name of signee

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TALLAHASSEE, FLORIDA