# L130000 30262

(Requestor's Name)
(Address)
, (Mares),
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

Divi	ision of Corp	orations								
SUBJECT:		SE INSURANCE LLC								
oca, ect.		Name of Limi	ted Liability Company							
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.							
Please return	all correspon	dence concerning this matter	to the following:							
		DHIMANT PATEL								
			Name of Person							
		WESTCHASE INSURAN	CE LLC							
Firm/Company										
14603 TUDOR CHASE DRIVE										
			Address							
		TAMPA, FL 33626								
			City/State and Zip Code							
	PATELDHIMANT@YAHOO.COM									
		E-mail address: (	to be used for future annual report notific	cation)						
For further in	nformation co	ncerning this matter, please ca	all:							
DHIMANT	PATEL		732 546-8565 at ()							
	- Name of	Person	Area Code Daytime	Telephone Number						
Enclosed is a	a check for the	e following amount:								
□ \$25.00 F	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

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WESTCHASE INSURANCE LLC		
(Name of the Limited Liability Comp (A Florida Limited	oany as it now appears on our records. I Liability Company)	<u>J</u>
The Articles of Organization for this Limited Liability Compan	y were filed on 02-26-2013	and assigned
Florida document number L13000030262		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility 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)		
		1 <u>1~3</u>
Enter new mailing address, if applicable:		The first state of the state of
Mailing address MAY BE A POST OFFICE BOX)		(A)
Maining maintess MAT DE AT OST OFFICE BOX)		
		52, 13
3. If amending the registered agent and/or registered	office address on our records.	, enter the name of the n
egistered agent and/or the new registered office address he		
Name of New Registered Agent:		
Naw Pagistanad Office Address.		
New Registered Office Address:	Enter Florida street address	3
	Ela	orida
	City , F10	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>	Address	Type of Action
MGR	ANITA KALRO PATEL	14603 TUDOR CHASE DRIVE	<b>=</b> Add
		TAMPA, FL 33626	Remove
			Change
<del></del>			
			□ Remove
			Change
	<del></del>		
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-		Sig	nature of a	member or	authorized	representativ	e of a memb	рег	<u> </u>	2016 .	وكأ
Dated		70-		0 -	·						
_ JAN	UARY 6			2016							
	specifies a h day after				t not an	effective	time, at	12:01 a.r	n. on the	earlie	r <b>of</b> :
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Effective da	ate, if other to	than the da	te of filir specific ar	ng:	prior to dat	e of filing or	nore than 90	(options	al) ing.) Pursuan	t to 605.0	)207 (
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Filing Fee: \$25.00