

L13000069526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

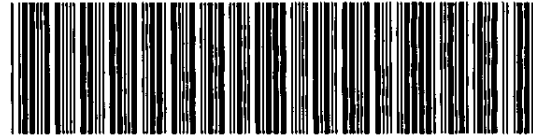
(Document Number)

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Amend

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FILED
13 OCT -7 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED OCT 9 2013

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **D & E GENERAL AGENCY SERVICES,LL**
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:

Darsi Naranjo

Name of Person

D & E Insurance Services Agency, LLC

Firm/Company

4355 Cypress Ln

Address

PamI Springs, FL 33406

City/State and Zip Code

empy@degeneralagency.com

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

For further information concerning this matter, please call:

Emperatriz Pena

Name of Person

561 632-0498

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

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

D & E GENERAL AGENCY SERVICES, "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 05/13/2013 and assigned
Florida document number L13000069526

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13 OCT -7 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

D & E Insurance Services Agency, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or an abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5815 S. Dixie Hwy, # 8

West Palm Beach, FL 33405

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5815 S. Dixie Hwy, #8

West Palm Beach, FL 33405

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:

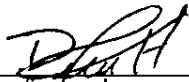
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Emperatriz Pena	4355 Cypress Ln, Palm Springs FL 33406	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

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

Dated September, 29, 2013



Signature of a member or authorized representative of a member

Darsi Naranjo

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED

**13 OCT - 7 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**