

L130000692153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

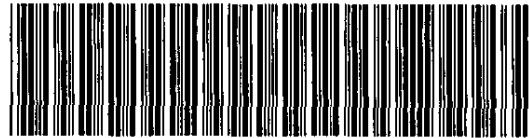
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 21 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIG 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:

Logan Chamberlain

Name of Person

VIG Insurance, LLC

Firm/Company

400 S. Tamiami Trl #150

Address

Venice/FL 34285

City/State and Zip Code

Logan3@myviginsurnace.com

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

For further information concerning this matter, please call:

Logan Chamberlain

Name of Person

at (941) 480-1556

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

VIG Insurance, LLC

The Articles of Organization for this Limited Liability Company were filed on 06/26/2013

Florida document number L13000092153

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

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)

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, Florida

City

Zip Code

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

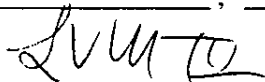
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Logan V Chamberlain III	400 TAMIAMI TRAIL S. SUITE 150	<input type="checkbox"/> Add
		VENICE, FL 34285	<input checked="" type="checkbox"/> Remove
MGR	Amy Chamberlain	400 TAMIAMI TRAIL S. SUITE 150	<input type="checkbox"/> Add
		VENICE, FL 34285	<input checked="" type="checkbox"/> Remove
MGR	Logan V Chamberlain	400 TAMIAMI TRAIL S. SUITE 150	<input checked="" type="checkbox"/> Add
		VENICE, FL 34285	<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

Dated November 11th, 2013.



Signature of a member or authorized representative of a member

Logan V Chamberlain III

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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